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AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

Adoptions in Minority Groups

Genetics and Mental Health

The American Indian Child

Citizens Act for Children



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VOLUME 5

NUMBER 2

MARCH-APRIL 1958

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What is her future?

Centuries before Columbus this little girl's ancestors came to America, though when and from whence are questions shrouded in mystery. One of some 200,000 American Indian children who live on reservations or

in off-reservation Federal boarding schools, she faces problems which raise serious questions as to her future. What these are, why they exist, and some steps being taken to meet them are described in the article which begins on page 55.

A native of San Francisco, Phyllis Dunne has spent her entire social-worker career in private agencies there since her graduation from the School of Social Service Administration, University of Chicago. These have included the child-guidance clinic at the Stanford University Hospital, the Family Service Agency and the Native Sons and Daughters Adoption Committee. She has been with Catholic Social Service since 1950.



Educated at the Universities of Copenhagen and Aarhus, Danish psychiatrist Erik Strömgren has taught medical students and directed the program of a state mental hospital since 1945. His belief that genetic and psychiatric theories of mental disturbances are complementary rather than incompatible stems from studies of the genetic factors and epidemiology of mental illness which he has carried on simultaneously with work in the treatment of mentally ill and emotionally disturbed children.



Onetime child-welfare consultant for the Children's Bureau on the West Coast, Aleta Brownlee has spent 5 years in Yugoslavia and Austria as child-welfare consultant to UNRRA and its successor, IRO, and—so far—6 years focusing on the welfare of American Indian children, a task that has taken her to places as remote as Kwigillintok, Alaska. Trained in social work at the University of Chicago, she was a county welfare director and assistant State relief administrator in California before turning her full attention to child welfare.



In addition to the responsibilities she carries for the Citizens' Committee for Children, Marion Rosenwald Ascoli is president of the Northside Center for Child Development, a child-guidance agency in Harlem. She began her volunteer activities in Chicago, where she participated in the establishment of a nursery school and served on the board of the Institute for Psychoanalysis. Since moving to New York she has focused her interests on child guidance services, and has served on the boards of the Jewish Board of Guardians and the Brooklyn Juvenile Guidance Center.



Before joining the faculty of the New York School of Social Work in the fall of 1956, Lloyd E. Ohlin was director of the University of Chicago's center for education and research in corrections and consultant on research to the sheriff of Cook County and to the American Bar Foundation. For the previous 6 years he was on the staff of the Illinois Parole and Pardon Board, first as sociologist-actuary at Joliet Penitentiary and later as supervising research sociologist in the Chicago office. In 1953 he spent 3 months in Korea studying prisoner-of-war camps.



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*How one social agency is focusing
major effort and skill on . . .*

PLACING CHILDREN OF MINORITY GROUPS FOR ADOPTION

PHYLLIS DUNNE, M. S. S. A.

Executive Assistant, Catholic Social Service of San Francisco

SOCIAL AGENCIES responsible for the care of children continue to struggle with a combination of factors which sometimes seem almost irreconcilable. On the one hand, certain parts of the public are convinced that there are enough "fair-haired" infants for all who desire them, and that agencies are keeping these children from adoption. Agency statements that not enough healthy white infants are available for adoption to meet the demand seem to fall on deaf ears. On the other hand, the agencies are clamoring for adoptive parents for children who are not in great demand but who are in dire need of permanent homes. These are the children known as "hard-to-place" or "with special needs," or "physically handicapped," or "older," or of "minority or mixed minority racial and nationality backgrounds." Here again the agencies' announcements—this time to stimulate applications for children—often seem to be lost on a public which is at least partially hard of hearing. Thus while hopeful couples are pursuing agencies for children they want, and *think* the agency has, agencies have to search diligently for good permanent homes for children they *do* have under care in boarding homes and institutions.

Some social-work statistics indicate that more children who do not fall into the category of the much-sought-after white infant are being adopted today than a few years back. However, ratio of need to availability of homes is still unfavorably disproportionate for such children.

In Pursuit of Parents

Among the agencies engaged in the pursuit of adoptive parents for children who are hard to place is Catholic Social Service of San Francisco, a multiple-service family and child-welfare agency. Since the beginning of its adoption program in the latter part of 1953, this agency has placed a total of 112 children considered hard to place. These included 57 children from infancy to 11 years of age of "minority or mixed racial and nationality background," and 55 children of Caucasian race ranging in age from 2 to 12 years. The minority groups represented among the 57 children included the following: Mexican, Latin American (parental origin in South America), Negro, Filipino, Chinese, Korean, Japanese, American Indian, and various combinations of these groups including partial Caucasian descent. This list has not been based on a scientific

anthropological classification of the children according to race or nationality, but on information gained from the children's relatives, court records, and observable appearance, and in some instances by consultation with geneticists.

In placing children of these various backgrounds, the agency has had to sharpen its awareness of variations in cultural attitudes and traditions, and to take these into account in the application of both its home finding and placement procedures.

The children for whom Catholic Social Service established its new program in 1953 were living in boarding homes in the Bay Area of San Francisco, under the direct care of the agency. They were of Roman Catholic religion or parentage and adoptive parents of the same religion were being sought for them.

Like most social agencies, Catholic Social Service has had to limit its program in accordance with shortages of staff and financial resources. In principle, the agency preferred to establish an adoption program for all children under care who needed the service. Faced with inability to provide such a program it decided to gear its efforts to "top priority" need—adoption of the hard-to-place children already under its care.

Some Questions

Despite the difficulties in undertaking this new program, the agency began with a number of major advantages: (1) Motivation to do something definite about a community need; (2) a sincerely interested, hard-working advisory committee, which included, among others, representatives of minority racial groups and specialists in the fields of law, medicine, and business; (3) a determined, hard-working staff with conviction that the job could be done; and (4) good cooperative relationships with other private and public agencies in the area.

In establishing the new program, the agency's board and staff sought to answer the following questions: (1) Where are the adoptive parents for hard-to-place children, particularly those of minority racial and nationality groups, to be found? (2) How are these people to be reached? (3) How do the various minority groups perceive adoption and agency adoption services? (4) Will modifications have to be made in usual adoption-agency procedure, policies, and casework approach in the study process?

While the agency cannot as yet offer conclusive answers to any of these questions, it has had enough

experience in the program for the past 4 years to be able to submit some pertinent observations.

Where can adoptive parents be found?

San Francisco's Bay Area includes urban, suburban, and semirural communities, within which are various neighborhoods where certain racial or nationality groups have tended to concentrate. A variety of problems were encountered in finding homes for children of minority groups where they could receive love and also respect for their particular racial heritage. For the child of a single racial background the problem was frequently an insufficient number of applicants of his own race. The question then arose: Can this child be adopted by a couple of different race?

Experience in boarding-home care in the Bay Area has demonstrated that although some couples have accepted children of a totally different race than their own, in such cases the couple's relatives and neighbors, and even the larger community, tended to reject not only the child but frequently the couple themselves. Moreover, applications to adopt children of a totally different race than the applicants' are extremely rare. None has been received by Catholic Social Service. For these reasons, our agency has not "crossed" full racial lines to date in the placement of children for adoption. The situation may be different in other areas of the country, and attitudes in the Bay Area may eventually change.

The child of mixed racial background presents other problems in adoption in addition to availability of applicants. One of the major questions is "With which racial group will this child be happiest?" This confronts the adoption agency with the problem of predictability of the young child's future appearance in regard to which race he is most likely to resemble physically. Said one Chinese applicant: "The reason that the Chinese usually want a full Chinese child is because a mixed racial background is recognizable to us. Even if the adopting parents are able to accept the child, families and friends would not usually do so, and the child would suffer as a result." This same attitude and the same difficulties are expressed by people of other races.

The Catholic Social Service has not adhered to the principle of any precise formula of fractional racial nationality "matching" or coloring. For instance, it did not seek Mexican-German adoptive parents for a child of Mexican-German background, or a

years to couple in which one parent was Negro and the other Caucasian for a child of such racial origin.

Presented with a wide variety in the types of homes needed, the agency has concentrated upon finding: (1) A sufficient number of parents of particular racial groups for children of the same race; and (2) parents who, regardless of their own particular racial heritages, can provide homes in families, neighborhoods, and communities where children of mixed racial backgrounds can be accepted and respected. Although there is still an insufficient number of each, both types of homes have been found during the past 4 years. One Caucasian couple has taken three unrelated children for adoption, each child representing different mixed racial backgrounds.

How are applicants to be reached?

While the agency has sought applicants throughout the total Bay Area, it naturally has concentrated its efforts in neighborhoods or towns or semirural communities where prospective applicants might be living. More homes have been obtained in the smaller communities than in the city of San Francisco.

Initially, the agency used articles in the general press, district and neighborhood papers, the Catholic archdiocesan newspaper, and periodicals and papers having their major circulation among racial and nationality groups. It also got in touch directly with organizations of nationality and racial groups. Whenever an invitation had been received or could be elicited for an agency representative to speak at meetings, either a member of the program's advisory committee or a member of the agency staff used the opportunity to interpret the need. Radio, particularly one Spanish-speaking station, was used in many instances, and television was used when the occasional opportunity became available. Letters were written and telephone and personal calls were made to various organizations, to parish priests, particularly in the parishes where the minority groups lived, and to leaders in certain professions and occupations, such as Negro and Oriental physicians, dentists, lawyers, and presidents and chairmen of national clubs and associations. Latin American organizations and some Catholic club groups, such as the Knights of Peter Claver, were especially helpful.

A small brochure emphasizing the need of homes for Catholic Latin American, Negro, and Filipino children, ages 1 to 10, with people of their own cul-

ture and religion, was distributed widely to appropriate groups, while a placard, carrying a similar message, was put on display in busses and bus depots. Placards in combination with brochures which could be taken home by members of the congregation were left in the back of many parish churches.

The agency also got in touch with consulates of a number of countries. This step was taken to reach applicants or their relatives who were closely identified with their country of origin. For example, the mother of a young Filipino woman was strongly opposed to her daughter's wish to adopt a child because adoption is not common in the Philippine Islands. When interpretation of adoption in the United States and the need for homes for Filipino children was given at a meeting by a national representative from the Philippine Islands, this mother became reconciled and even enthusiastic about her daughter and son-in-law becoming adoptive parents.

All of these methods were tried in seeking the first applicants.

As adoptive placements have been made, some response has come, as is usual in boarding-home recruitment, from adoptive parents themselves. Persons whom adoptive applicants have named as references sometimes become enthusiastic about the program and suggest that other friends apply. This has occurred when a full interpretation of the agency

Four different racial heritages are represented in this family. The three children, all adopted through Catholic Social Service of San Francisco, have different racial backgrounds from each other and from their adoptive parents.



program has been presented by the worker to the reference in an interview during the study process.

The agency has used personalized individual letters rather than form letters in replying to written inquiries.

The agency's most recent activity is to hold small group meetings of adoptive parents *after adoption is completed*. The purposes of these meetings are: (1) To secure firsthand information from the parents about any factors troublesome to them in applying to our agency, the study process, the placement process, and legal adoption; (2) to learn about apprehensions and interferences among their friends in applying for children; (3) to enlist the assistance of these new parents, on a voluntary basis, in recruiting more homes for children.

With the secure feeling that they already know their child well and that he legally belongs to them, these adoptive parents offer ideas and talk freely about what they have found to be difficult experiences in the adoption process. Some have spoken before groups with which they are closely associated, some have held informal gatherings in their own homes, and a few have given talks to other groups known to the agency. In addition to helping with recruitment, these post-adoption contacts with adoptive parents have given the agency a better perspective for examining and modifying some of its procedures and policies in working with people of minority groups.

How do people in "minority groups" perceive adoption?

On the whole, each group perceives "adoption" differently. This is also true of their perception of agency adoption services. The only common factor that emerges is that generally they have more apprehension, insecurity, and misinformation about social agency adoption services than the native Caucasian population, the majority group in this country.

Our experience has shown that Orientals generally perceive adoption differently than Negroes who, in turn, perceive it in quite a different way than Filipinos or Mexicans or persons of any other minority group.

Adoption is not new in the Chinese culture, but agency adoptions are new and infrequent.

We have been told by Mexican applicants that adoption is not part of their tradition and that adoption through an agency is even less so. "It has always been a tradition of the Mexican people to take

relatives' children and other children, and 'absorb' them like one of the family, but adoption is new," they say.

The *individual members* of any particular minority group perceive adoption and adoption agencies on the same basis as every person, regardless of race, perceives anything—according to culture, religion, mores, place of origin, total life experience, and human relationships. Persons of the second-born generation of Orientals in America are more apt to accept adoption agencies than their parents and to perceive them differently. The Negro who has always lived in the Bay Area may apply for a child in response to publicity, but Negroes from rural areas in Southern States have usually come to the agency only if they have friends who have already received a child.

The Mexican born in some valley town in California also perceives adoption and social agencies in a different way than the Mexican born in the more urban San Francisco Bay Area. One Mexican applicant from a valley town told the intake worker: "I walked around the block three times before I could come in. So many of my people were migrant laborers in the valley, and I cannot write English, so I was afraid you would not want me. My wife could not convince me that good parents were the most important thing to you."

We learned very quickly in our experience that assumptions about the members of any race are dangerous. We also learned that our advisory committee and our staff would have to perceive areas of understanding and misunderstanding. We had to gear our efforts in recruiting homes to the *broad cultural implications for each group* in the Bay Area, and our study process to *each applicant on an individual basis*.

We learned to accept the volatile applicant's expression of initial hostility about "red tape," arising from fears that he will not receive a child; to reassure the applicant who has multiple questions based on misinformation, current among all racial groups, about adoption agencies; to extend skillful and carefully timed encouragement to the outwardly passive applicant whose cultural background makes him reticent to discuss personal matters. Each applicant, we found, required of the social worker the kind of sharpened cultural awareness described by Katherine Handley: "She needs not only to be aware of her own reactions to the cultural factors involved, and to assume responsibility for them on a professional level, but she must also be aware of the client's

response to whatever feelings they ascribe to her as a person of another culture."¹

Will modifications in process be needed?

Our agency receives many inquiries from other agencies in regard to the policies we follow in studying the suitability of couples to be the adoptive parents of hard-to-place children. The most frequent questions relate to our requirements on age of applicants, other children in their families, housing, economic status, health, religion, and fee charging.

These policies derive from the conviction that "basically secure" adoptive parents can give love and care to another child if their desire for one is soundly motivated, whether or not they already have one or more natural or adopted children. We consider the applicants' ages in relation to age of the child they desire, and the ages of other children in their family, if there are any. We believe in placing young children with young parents, and older children with parents still young enough to provide them a life with "parents" rather than "grandparents."

We adhere to the usual standards of approval of the applicants' health by licensed physicians, of their religious practices by their parish priest, of their housing by our own home finders. This last must be safe and provide sufficient space for family living, with separate bedrooms for children of different sexes. We look at employment stability and family living standards in relation to financial ability to care for a child or children, but we do not require ownership of property.

Like all other adoption agencies in California, except one, we charge service fees which are adjusted or waived according to economic status.

Throughout our experience we have consciously attempted to avoid letting our need for homes obscure in any way our vision of what future life might be for any child in a particular home. We have also tried to remain acutely aware that adoptive applicants are clients of an agency and not just resources for children.

We have endeavored to be flexible but cautious in adhering to the principles upon which policies were established. Our expectations and standards for qualities of parenthood have not changed but we have made adaptations in some procedures. For instance, in response to inquiries from prospective applicants, we originally sent out a form termed a "preliminary application" and if this was not returned by the applicants we construed this as failure of interest or withdrawal. We placed great signif-

icance upon the lateness of response or failure to appear for an intake appointment. We pondered about some people who were loath to agree readily to a home visit after an intake interview.

We soon found that while attitudes are always significant, and the items mentioned worthy of consideration, symptoms of withdrawal or indifference or laxity have to be evaluated according to the sensitivity, tempo and mode of living, and understanding of the applicants involved. On the whole, Caucasians in the Bay Area are more likely than persons of other races to adhere to formalities about appointments and forms, as do some people in all racial groups. Many members of some of the minority groups are afraid of revealing themselves at first, particularly in writing or in filling out forms. In certain occupations and in certain modes of living promptness at appointments is not important. Hesitancy about agreeing to an appointment for a home visit may come from the applicant's self-consciousness about the exterior appearance of his home, rented in the only neighborhood open to his particular racial group.

We were told in a recent meeting with some Negro adoptive parents that they are considered "rich" by friends and neighbors because they have adopted a child, although they and we know they are in modest circumstances. We were also told of an economic block which hinders many Negroes from approaching an adoption agency. Their apprehension stems not only from the usual misconception that agencies expect people to own their homes, but also from the expected cost of medical examinations, attorneys' fees, and exaggerated ideas about agency fees. This meeting demonstrated the need for more detailed interpretation to all kinds of people of what is involved in adoption.

There has been no need to modify the casework approach, for this, of course, continues to mean adaptation of understanding and techniques to the individual. Skill, discernment, and freedom from cultural bias are top priority qualifications in the worker who must evaluate the behavior and emotional reactions of applicants of various races and cultures during the study process. The Caucasian applicant who laughs or cries without much provocation might be diagnosed as neurotic by a fellow Caucasian, but the same response in persons of other cultures where there is no shame in readily revealing joy or sadness may be natural and not neurotic.

We have had to remain aware of the differences in family relationships in various cultures. The Cau-

casian couple who brings the husband's mother to the intake interview may raise some questions in the worker's mind: Is this man so dependent upon his mother? What is the marital relationship here? However, some cultures still fully accept the matriarch, who is loved and respected. If such an important figure exists in a family being considered as a permanent one for a child, it is important that she as the grandmother-to-be understands what is going on and is included in the study. Although the degrees to which such special cultural characteristics exist vary within and among the different cultural groups, diagnosis should be in line with the appropriate cultural setting.

Noticeable similarities exist in various racial groups' attitudes in regard to children. We have not encountered prejudice among any group against adopting children born out of wedlock. In all groups hesitancy in accepting the physically handicapped child seems to relate to the economic burden of providing for the child's future care rather than to bias against the child. All groups show a preference for the "cuddly baby" or toddler over school-age children. In our experience Caucasian families have shown a greater willingness than others to adopt groups of brothers and sisters. We believe that this stems from the fact that Caucasians generally are in better economic circumstances than others in this area and have had a longer experience in agency adoptions.

Other Efforts

The following developments have been initiated in California since Catholic Social Service started its program in 1953, and they are still going on:

1. "March" (Minority Adoption Recruitment of Children's Homes) was established and started its work in January 1956, with funds provided by the Columbia Foundation, as a coordinating body in recruitment of homes for children of minority groups for all the adoption agencies in the area.

2. Under the sponsorship of the State Department of Social Welfare, a committee composed of representatives of the supervisory staffs of five licensed county adoption agencies and two private agencies has been meeting regularly to exchange information about specific children for whom they need homes and about applicants seeking a child.

3. In January 1957 Adoption Resource Referral Center, known as ARRC, was established by the State Department of Social Welfare to provide opportunity for registration on a statewide basis of available, approved adoptive applicants and of children in need of homes. Registration is done by licensed adoption agencies with safeguards about confidentiality.

In view of this concerted action and our own agency's continued efforts, we at Catholic Social Service of San Francisco look forward to more children having a chance to benefit from family life in permanent homes. We also look forward to further understanding on the part of the general public concerning adoption agencies, as well as to whatever modifications are needed in agency adoption practices to improve services without disturbing the principles fundamental to child welfare.

¹ Handley, Katherine Newkirk: Social casework and intercultural problems. *Journal of Social Casework*, February 1947.

Children . . .

You may give them your love but not your thoughts,
For they have their own thoughts.
You may house their bodies but not their souls,
For their souls dwell in the house of tomorrow, which you cannot visit,
not even in your dreams.
You may strive to be like them, but seek not to make them like you.
For life goes not backward nor tarries with yesterday.

Khalil Gibran in The Prophet

Is mental illness caused by heredity or environment? A psychiatrist presents some current theories on . . .

GENETICS AND MENTAL HEALTH

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THE GOAL of mental-health work is both to cure and to prevent mental disorders insofar as possible. Achievement can only be reached through knowledge of the causes of mental disability and of the relative importance in them of the interacting factors of nature and nurture.

Both factors need close study, including the application of genetical methods. Because these methods are complicated, psychiatric genetics has become a specialty within the field of psychiatric research.

Many psychiatrists are apt to regard genetics with a jaundiced eye. Between the two World Wars some authoritarian countries, for political reasons, stressed the genetical viewpoint to a degree which was without any rational basis. This connection between genetics and politics caused an immediate reaction, not only against *misuse* of human genetics, but unfortunately also against genetics as such.

Another reason for a negative attitude toward genetics is the misconception that if a disease is genetically determined, it must therefore be incurable. People who are interested in genetics are thought not to be interested in therapy. This is both theoretically and practically nonsense.

What is meant then by the statement that, a disease is "purely hereditary"? It means only that when some specific genes are present in an individual then the disorder will manifest itself in all environments which we know about for the present. Today

the penetrance of these genes is 100 percent, but this does not mean that the penetrance might not be lowered at some future time. Perhaps some prophylactic measures will be devised which can reduce the risk of certain genes becoming manifest. In some of the remaining cases, therapy will be able only to modify the disease.

The management of diabetes presents an example of such modification. Therapy cannot prevent the genes from manifesting themselves in the form of diabetes, but it can indeed change the lives of diabetics.

In psychiatry we have analogous, if not such striking, examples. The fate of manic-depressives has changed considerably during the past 2 decades of active therapy. The duration of their attacks has decreased by more than 50 percent, and their mortality rate has gone down. We know that some genes are of importance in the development of the manic-depressive syndrome, but we combat their effects.

Even in regard to schizophrenia much progress has been made. Insulin therapy, chlorpromazine and other drugs, along with intensive psychotherapy, have strikingly influenced many cases. It is questionable whether any of these therapies has been able to induce complete cure in any case of schizophrenia, but there is no theoretical reason why cure should not be possible. The genes would still be present but would lose their importance.

Genetics and psychotherapy are not incompatible. Ernst Kretschmer, who has written widely on the importance of constitution in psychiatry, uses psycho-

Based on a paper presented at the 1957 annual meeting of the World Federation of Mental Health, Copenhagen.

therapy extensively and systematically in his clinics in Germany. Eugen Bleuler, while convinced that schizophrenia is largely determined by genetical factors, has presented a penetrating and extensive study of the psychological factors involved. Manfred Bleuler, who has made a series of brilliant studies of the genetics of schizophrenia, is head of a clinic which uses intensive psychotherapy with schizophrenics.

In some respects human genetics do not present the same possibilities as the genetics of other living beings. We cannot experiment on humans. On the other hand, psychiatric genetics offers certain exceptionally good possibilities. Often we can get information from written sources on the mental characteristics of people who have lived generations ago.

There are two kinds of methods used in psychiatric genetics. We seek to know: first, *What is inherited?* secondly, *in which way* is it inherited? The first question is answered by means of the twin method, and the second by genealogical studies.

The Study of Twins

The twin method enables us to calculate directly the importance of genetic factors. But it has some weak points:

1. If we compare monozygous twins with dizygous twins, we must remember that the environment may be more similar for the monozygous twins than for the dizygous. The environment will tend to treat identical twins in an identical way whereas the obvious differences between nonidentical twins will release different reactions from it.

Thus, similarities between identical twins may to a certain degree be caused by their similar environment. For this reason differences between identical twins are far more interesting than their similarities for they can only be caused by environment, and their existence is a proof of the effect of environmental factors. Studies of identical twins who have lived in different environments are of great importance.

2. Conceivably the very fact of being a twin could provoke certain mental characteristics. If this is the case, the trait in question must appear more frequently in twins than in the general population.

3. Many of the twin studies which have been published have not been based on representative samples. There has been an understandable tendency to publish accounts of concordant cases while discordant cases have been overlooked as less interesting, thus leading

to an overestimation of hereditary factors. Fortunately, during recent decades representative samples have been selected in a number of twin investigations.

Genealogical Methods

Genealogical methods provide a way of attempting to follow certain traits from generation to generation and calculating the incidence of the traits in each generation. In the beginning of the Mendelian era an accumulation of cases of a trait in a family was sometimes taken as a proof of the hereditary character of the trait. This conclusion is, of course, not valid.

People who belong to the same family will naturally very often share the same environment. Therefore the similarities between them could to a certain degree depend on environmental influences. But if many members of the family have exhibited the trait in question even though they have grown up in different environments, the scale turns somewhat in favor of the genetical hypothesis.

These factors need to be investigated closely. Admittedly, geneticists have not always been sufficiently careful in this respect.

In the beginning of the Mendelian era geneticists naturally focussed on diseases which seemed to be inherited in a clear Mendelian way. There are many different psychiatric diseases of this kind but they all are very rare.

Later, geneticists spent a great deal of time attempting to demonstrate Mendelian factors as a basis for the more frequent psychiatric disorders. Schizophrenia especially was studied, but soon it became clear that a simple genetical pattern for this disease would not be found. From a theoretical viewpoint this was disappointing, but practically it did not mean much.

One of the advantages of knowing the mode of inheritance for a specific disease is that this enables us to predict the chances that relatives of a person with the disease will also have it. However, such a prediction can also be made without knowing the mode of inheritance—simply by counting the occurrences of the disease in the different generations within the family. If these calculations are made on a large number of families, the “morbidity risks” or expectancies can be estimated with a fairly high degree of probability. This, however, involves several problems. If through study of a large group of families known to have at least one case of the disease the expectancy for relatives is found to be 50 percent, there is, of course, not the slightest doubt that this

"risk" is higher than it is in the general population. But if for some frequent disease—for example, schizophrenia—we find that in a large study group the risk for relatives is only 3 or 4 percent, we may feel that this is more than the risk in the average population, but we do not know it for certain. In order to be certain, we have to determine the expectancy of schizophrenia in the general population.

Different methods can be used for this purpose. Theoretically adequate, but very laborious, is the proband method. To find out whether a certain percentage of schizophrenics among the siblings of schizophrenic probands (originally discovered cases) is higher than in the general population, a geneticist counts the number of schizophrenics among the siblings of some "controls" who have been selected in such a way that they are representative of the general population.

There are other methods, most of them, however, rather doubtful from a statistical point of view. Often statistics of admissions to hospital have been used as a measure of the incidence of certain diseases. This is of course not justifiable as only a fraction of the sick people come to a hospital, and this fraction varies in different populations and from time to time.

Making a Census

It seems more valid to try to count the number of sick people in the general population; in brief, to make a *census*. This method, while much better, is still very unreliable, because the result will depend on the age distribution of the population. Therefore, if different populations are to be compared, a correction for differences in age distribution must be made. This procedure is feasible in many civilized countries, but quite impracticable among primitive populations, where many people do not know how old they are. Moreover, in all countries the higher than average mortality rates of sick or abnormal people throws the incidence figures out of balance.

Even people with mental abnormalities which are not mere symptoms of physical disease have a higher mortality rate than the general population of the same age group. Therefore, if a census is made on the living population, people who have exhibited mental abnormality will be underrepresented in the census. Efforts to make a statistical correction for this are hampered by the continuously changing mortality rate among the mentally ill, which in many countries has steadily decreased since the advent of antibiotics and psychiatric treatment.

This whole subject of psychiatric epidemiology has become a field of mutual interest for geneticists and environmentalists. The realization of how difficult the whole matter is seems to have effected an interprofessional humility. Anthropologists recognize that their intensive studies on small population groups have mainly a qualitative value, while statisticians are grateful for the stimuli which these studies provide.

Mental Deficiency

The phenomenon of mental deficiency includes all kinds of interaction between genetical and environmental factors. A number of specific types of this disorder exist which have a gene as the recognized etiological basis. But the majority of cases cannot be attributed to the action of single specific genes. In about 20 percent the intellectual defect seems to be a sequel of exogenous damage to the brain in utero or during the first years of life. In the remainder, hereditary factors seem to be mainly responsible, but not through single specific genes. These cases seem to represent simple minus-variants with regard to intelligence—the lower points on a Gaussian curve representing the normal intelligence levels of the entire population. Experience in mental testing of large samples of the population seems to support this supposition.

This "normal" variation does not include the definitely pathological cases. The existence of such cases—which are both hereditary and exogenous in origin—accounts for the fact that the distribution of I. Q. levels in the total population is not quite symmetrical, as it should be in a Gaussian curve, but contains too many individuals with intelligence quotients of less than 40-50.

What about the environmental influences of a psychological nature? There is no doubt that the intelligence level—or at least the intelligence quotient—may to some degree be influenced by environmental factors. Variations of up to 20 points do occur in the I. Q.'s of some individuals, but they seem to be extremely rare. The great majority of variations are no greater than 5 points.

In regard to the interaction of intelligence and social influences there are some basic problems which can never be solved. When we are talking of intelligence, do we mean some kind of sum of a number of measurable faculties, or do we mean some mysterious thing behind these faculties, a thing which can in itself never be measured? Sometimes we tend to define intelligence as something which remains con-

stant in all environments. If we do so, the variations in a person's I. Q. will of course only measure differences in environment—in other words, degrees of social adaptation.

Besides these theoretical difficulties there are some practical sources of error in estimating the influence of environment on intelligence. If we find that people who are living under undesirable social circumstances tend to have lower intelligence quotients than those who are living in better circumstances, it is of course not valid to conclude anything with regard to the action of the environment on intelligence. The innate low intelligence of the individual, or of his ancestors, may be the reason why he landed in the unfavorable environment.

Much evidence, including the studies of Kaila in Finland and Mayer-Gross in Scotland, points to the conclusion that the movement of people is the main reason for the uneven distribution of intelligence. The more intelligent and energetic part of the population tends to leave areas where social conditions are becoming unfavorable, so that eventually these areas are inhabited by a kind of "residual population" with a high incidence of mental deficiency and other incapacitating anomalies. Further studies of population change are needed.

A Genetically Known Psychosis

Among the psychoses, Huntington's chorea and schizophrenia present two very different problems in epidemiology.

Huntington's chorea is of special interest for two reasons: (1) The mode of inheritance is known exactly; (2) the disorder shows how much the clinical picture may vary in a disease which etiologically is sharply defined.

For a long time it has been known that in this disease the mode of inheritance is through a simple dominant gene. Every case of Huntington's chorea means that at least one of the parents had the gene and 50 percent of the children will become choreatic if they live long enough.

Until a few decades ago the clinical picture seemed rather monotonous. The disease seemed usually to begin between the ages of 30 and 50, starting with motor symptoms in the form of peculiar involuntary movements, which, after some time, were invariably accompanied by progressive mental deterioration. However, close investigations of families in which this disease has appeared have shown that there are many clinical variants. We are especially indebted to Friedrich Panse for furthering our knowledge in

this respect. The disease may start in childhood. The mental symptoms may then take the form of mental deficiency, and the motor symptoms resemble those of Parkinsonism. If, on the other hand, the disease starts late in life, the mental symptoms very often are mild, and the motor symptoms take the form of a tremor which can only with difficulty be distinguished from senile tremor of other origin.

In some cases, however, the mental changes may occur many years before any neurological symptoms are recognizable. The mental deviations actually may appear in childhood and progress so slowly that a diagnosis of constitutional psychopathy is made. Following is an illustration:

A 30-year-old man was admitted to a hospital for a psychiatric examination to determine a legal question of his sanity. He had been sentenced several times because of aggressive behavior and, since he had again been violent without sufficient cause, it was thought that he might be mentally abnormal. During his stay in the hospital he appeared to have a somewhat primitive personality, but he was quiet and friendly. With regard to his assaults he could only tell that he had always been hot tempered and that very often he had been aggressive against people who teased him or were unjust to him.

This man had been born out of wedlock and did not know his parents. He had been adopted by a couple who seemed to be sensible and warmhearted people, who loved him, but who after a few years gave up keeping him at home because of his restlessness and aggressiveness. He was transferred to a children's home, where the same difficulties occurred. Nevertheless he was well liked, and the home managed to keep him until he was past school age. Then a suitable job was found for him and as he was a good worker he managed tolerably. But after some years his conflicts with others became more and more dominant until he was unable to keep a job any longer.

From this history different kinds of diagnoses could be made, according to the leanings of the psychiatrist. It could be urged that this was a classical history of a constitutional psychopath who in spite of good surroundings had difficulties everywhere. On the other hand, it could as easily be argued that this is a classical history of how children develop when they are not brought up in their own homes.

A third possibility, however, turned out to be more relevant. During the hospital stay it was observed that the patient had some motor peculiarities which on close examination proved to be of choreatic

character. Then an investigation of the patient's own family was made. It was learned that his mother was a patient in a mental hospital, suffering from Huntington's disease, and that a number of other cases of this disorder had occurred in her family. Moreover, the mental symptoms which the patient had been displaying were in close accordance with symptoms which are very often found in choreatics even many years before their neurological symptoms begin.

This case illustrates rather well how much we have still to learn in clinical psychiatry, and how far we often are from being able to jump conclusively from symptoms to etiology.

Schizophrenia

In Huntington's disease the etiology, the course, and the symptoms are well known. In schizophrenia everything is much more complicated and unknown in spite of the enormous forces which have been spent on research into causes.

Schizophrenia has been a most popular battlefield for representatives of the varying attitudes in psychiatry. Some people believe that the origin of the disease is genetic, others that it is biochemical-toxicological and still others that it is psychological. Actually, these different theories do not necessarily exclude one another. It is indeed possible to design a theory which includes all three kinds of etiological factors. In the present state of our knowledge such theories are speculative, yet they may serve as hypotheses for research.

What do we know today about the etiology of schizophrenia? We know that genetical factors must be of some importance; twin studies and genealogical studies seem to show this clearly. But we know nothing about the means which these pathological genes are using for producing schizophrenia. They might be of a physical or of a psychological nature. In regard to the physical possibility: As yet no anatomical differences between schizophrenics and normal people have been found nor has any distinctive physiological or biochemical process been observed in schizophrenics which are indicative of morbidity. The most interesting hints as to the way in which schizophrenia is produced have come from experimental psychiatry.

For decades attempts to produce schizophrenia experimentally with drugs have led to disappointment from a research point of view. This is not so surprising, for the symptoms of schizophrenia do not resemble the mental symptoms which appear when

organic agents are interfering with the function of the brain. On the other hand, the schizophrenic symptoms do not accord, either, with the symptoms which are usually seen when a psychosis arises out of clear psychological origins.

However, a group of experimenters in Saskatchewan have recently induced psychotic states, through injections of adrenochrome, which are much closer to schizophrenia than any other experimental psychosis hitherto reported. Unfortunately, it seems to be difficult to reproduce the Saskatchewan experiments. But for the sake of speculation, let us assume that the adrenochrome psychosis is in some way related to the schizophrenic syndrome. We might then advance the following model theory:

Adrenochrome is a derivative of adrenaline. Conceivably, the normal adrenaline decomposition goes through an adrenochrome stage, but normally this must be of a very short duration since no intoxication arises. If for some reason this adrenochrome stage is prolonged, an intoxication, with schizophrenic symptoms, might occur. Possibly the genes which are the primary foundation for schizophrenia effect a disorder of metabolism resulting in a delay of the adrenochrome decomposition and consequently in an intoxication.

In some cases this disorder of metabolism might be so massive that the intoxication must occur under all conditions. In other cases the metabolic disorder might be less pronounced and only become manifest under circumstances in which there is a high production of adrenaline. We know that different kinds of physical and mental stress may stimulate adrenaline production. Perhaps it is especially furthered by some special kinds of psychological conflicts. In such cases the schizophrenia would be released by psychological conflict.

This is of course only a theoretical and imagined model. But it illustrates the fact that our current knowledge of schizophrenia is compatible with an etiological theory which includes genetical, biochemical, and psychological factors.

Neuroses and Psychopathy

Two big groups of personality deviation—neuroses and psychopathy—are closely related to each other. They have many symptoms in common. Pure psychological mechanisms are essential in all cases. Nevertheless, it is practical to try to distinguish between two groups of patients: (1) Those who have, under all circumstances, a high probability of suffering from neurotic reactions, and therefore may be

assumed to have some kind of hereditary or early-acquired predisposition for such reactions—the psychopathic personalities; (2) those who only under exceptional circumstances will produce neurotic reactions—the neurotics. However, it is often completely impossible to make a clear distinction in this regard in an individual case.

The groups of neuroses and psychopathy are so enormous and so heterogeneous, even when divided into subgroups, that confusions may easily arise. Here are two examples:

(1) Geneticists have made extensive studies on criminals. Some famous German twin studies seemed to indicate that crime arises on a genetic basis; that it is simply a fate. Some other German twin studies soon showed that this conclusion is not warranted. They showed that criminals fall into different groups. In some of the groups the deviation is mainly genetically determined; in others environment is the dominant etiological factor.

(2) Franz Kallmann in New York performed extensive and very careful twin studies on homosexuality. His conclusion was that homosexuality is to a very high degree genetically determined. His statement seems absolutely convincing and, consequently, very embarrassing for those psychiatrists who believe that many cases of homosexuality are psychologically determined.

On the other hand, early in the history of psychoanalysis Wilhelm Stekel drew attention to the fact that many male homosexuals come from a quite specific family set-up: They are pathologically attached to their mothers, who are very dominating, hysterical, or psychopathic persons bent on strengthening this attachment and preventing their sons from becoming attached to any other woman. The psychological mechanisms seem so obvious and convincing in these cases that it is very difficult to find room for a genetical hypothesis.

The explanation of this paradox is rather simple: The twins which Kallmann studied consisted mainly

of homosexuals who had become social failures; in many cases, even criminals. Among them were many who were psychopathic, with no desire to conform to the moral tradition of society. Such cases of homosexuality may be mainly genetically determined. On the other hand, there is a group of homosexuals who consult psychiatrists. These individuals seem more neurotic than psychopathic; their homosexuality represents a serious life conflict for them. This is obviously quite another disease from the constitutional homosexuality in Kallmann's cases.

Genes and the Future

Such examples have strengthened my belief that discordance between the genetical and other research methods in use within psychiatry does not necessarily exist.

It may be pertinent to ask where is the place of genetics in efforts to help children to grow up in a changing world? Those poor little particles, the genes, may not be in very high esteem in all circles; but at least they represent a rather stable and reliable part of the living creatures. Are they going to change, too?

We know, of course, that some changes have always occurred in the form of mutations. But mutations are very rare, indeed so rare that the selection process has been able to bring about an evolution of species through preference of plus-variants and eradication of minus-variants.

In recent years, however, some new factors—in the form of increased exposure to radiation—have been at work, which may cause a considerable augmentation of the number of mutations. Some of these will no doubt represent serious handicaps for the afflicted individuals. Unfortunately, at the present moment it seems impossible to give any reliable estimate of the dimensions of these risks. But that is of course just a question of time. In a few generations mankind will certainly know the answer.

A mother's love is a pretty crude affair. There is possessiveness in it, appetite, even a "drat the kid" element; there's generosity in it, and power, as well as humility. But sentimentality is outside it altogether and is repugnant to mothers.

D. W. Winnicott in Mother and Child, Basic Books, Inc., 1957.

*Past events and cultural conflicts
have produced problems for . . .*

THE AMERICAN INDIAN CHILD

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IN MANY WAYS the American Indian child is a child apart from other children. His isolation from the main currents affecting other children is the result of many historical factors including the benevolent paternalism of his Government. In many cases he is also a child caught between two cultures, having lost much of the stability of the old and not having generally taken on control of the new.

Most Indian children are set apart from other American children by where they live and by their families' differences in language and customs. Moreover, their money and property are usually not under the same type of control as that of other children. Their local government and court may be run by a tribe rather than a county, they may attend a Federal rather than a local public school, and they are likely to receive their health services from the Federal Government rather than from private physicians or from State and county services.

Often taught other values than those which are commonly stressed with other American children, the Indian child must try to live in two worlds. When he leaves the reservation, as at times he must, he has little help to make this a happy experience.

The Indian child on a reservation is surrounded by many adults who freely express feelings of dependency, inadequacy, and despair, and act accordingly thus producing an environment inimical to healthy living. The situation tends to prevent the child from having a normal approach to life, as it has his parents

and even his grandparents. Too often the reservations in spite of their dances, feathers, and beads hold less glamour than misery for the children living on them. The trouble comes not so much from lack of money to help them, as from lack of the requisite understanding of them by others.

Who is an Indian?

The general administrative and legal, but not anthropological, definition of an Indian is a person of one-fourth or more Indian blood, although different definitions have been made from time to time in relation to specific legislation.

Christopher Columbus' word "Indian" has no meaning to these oldest Americans except as a comprehensive term used to describe Federal relationships to them. The American Indian speaks of himself in terms of his tribe, "I am Sioux," "Cherokee" or "Modoc," as the case may be.

Considering the fact that the census enumerators of 1930, 1940, and 1950 had three different definitions of an Indian, based upon enrollment and admixtures of other blood, it is somewhat difficult to count the number in this country. However, the total number of Indians (including the native population of Alaska) who are for one reason or another some concern of the United States Government, probably comes to about a half million people, a little more than half of whom are minors.

Most of these Indians live in some 154 identifiable

tribal jurisdictions, variously known as reservations, pueblos, colonies, or communities, which come within the responsibility of the agency offices of the Bureau of Indian Affairs. They are located in 20 States and Alaska. The largest are in North Dakota, South Dakota, Montana, Oregon, Washington, New Mexico, and Arizona. Oklahoma and Alaska are accepted as practically total jurisdictions in themselves, since in Oklahoma reservation lines have completely broken down although tribal groups have not, and in Alaska they were never established.

In addition to persons living on reservations or on other property held in trust for them by the Federal Government there are an unknown, but large, number of Indians living in the general population.

The Indian's Status

Few general statements can be made about Indians in the United States, nor about any special responsibility the Federal Government has for them. The situation of every Indian derives from specific treaties entered into between his tribe and the Federal Government, from special legislation in regard to his tribe as well as from general legislation in regard to Indian affairs, from the legal status and activities of his own tribe, and from his status in the State in which he lives. Almost the only unequivocal statement which can be made is that as a result of a 1924 Act of Congress every Indian born in this country is a citizen of the United States.

In his person, the Indian is completely free, Government restrictions relate only to the property originally awarded his tribe by the Government.

The Indian of today is a product of the past, affected by literally thousands of Federal measures, some conflicting and some obsolete, taken over the years, first to control him, and later to redress wrongs done him or to "civilize" him and ready him for a life comparable to that of the dominant culture. Historical treaties with the Indian nations are still effective although no new ones have been made since 1871. Claims based on broken treaties are still being considered by the Indian Claims Commission,¹ and judgments awarding sums of money, often large sums, in reparation to the tribes have been made in recent years. Lands which were set aside, or lands to which tribes were removed as a war measure or because white settlers were greedy for their original lands, are still called reservations, although many of these are no longer tribally owned and are checkered with non-Indian ownership of plots sold by individual Indian owners. Government financial

assistance to Indian families has replaced the rations first given by the Army as a substitute for the Indians' own way of life.

The Culture of the Indian

Ben Reifel, Director of the Aberdeen Area for the Bureau of Indian Affairs, himself half Sioux and half of German ancestry, in examining the culture of the Plains Indians, has pointed out four ways in which they are apt to be different in attitude and outlook from most other Americans:

1. They are not future-oriented. For a thousand years they had no need to be apprehensive about the future. Therefore they found the essence of life in being, not in becoming.

2. Time is not important to them. The Sioux language does not even have a word for time. Their concern about the passing days is merely general, relating to natural phenomena like the sun, moon, and seasons.

3. Saving as a means of economic development has little meaning to the Indian. He has not needed to save to survive.

4. Habituation to hard work in order to earn a living has not been part of the Indian way of life, especially for the men.

Thus, we find today that many Indian parents lack ambition for their children; they have no zeal to get them to school on time; they have an urge to spend all their money, even the part belonging to their children, on a passing pleasure, and the father is disinclined to get a job or to go where he can get a job to support his family.

Culture is an ever-changing process, as human beings adopt what is desirable and useful to them, and discard what is not. Federal policy over the years, ambivalent in emphasis as it has moved from a program to separate the Indian from his culture to a program to restore him in it and then toward "acculturation," a middle ground which emphasizes the free choice of the individual, has not in the past nurtured in the Indian a receptivity to progressive change.

A report of conditions among the Indians issued by the Institute for Government Research in 1928, commonly called the Merriam report, referred to several past policies of the Federal Government as tending toward pauperization of the Indian people: "Having removed the Indians from their ancestral lands to restricted reservations as a war measure,

the Government undertook to feed them and perform certain services for them which people normally do for themselves. The Indians at first accepted this aid as a matter of necessity, but promptly began to regard it as a matter of right, as indeed it was at the time and under the conditions of the inauguration of the ration system. They felt, and many of them still do, that the Government owes them a living, having taken their lands from them, and that they are under no obligation to support themselves."

Many Indians either still feel this way or for some other reason do not go where work may be found. As a result, in some months on some reservations most of the population are living on some form of Government financial assistance and receipt of benefits and insurances of one kind or another.

The Indians are in various stages of acculturation. Probably about half of them—or more than 200,000—have taken on aspects of the dominant American culture. This may or may not be good, largely depending upon what kind of contacts they have with others. What is badly needed is more contact, starting in childhood when possible, based upon a genuine desire on both sides for intercommunication.

The reservation system makes this difficult. A reservation is not, as has been charged before the United Nations, a concentration camp (unless it may be of the human spirit) nor is it the "museum piece" others have termed it. It is physical evidence of payment of a debt to the Indian people; but even more, it is home. People who leave the reservation do return, but many returnees leave again having acquired a taste for life off the reservation.

The Plight of Children

On the reservations the normal pattern of American family life is never established for many children. This is partly due to lack of "know how" on the part of Indian parents, many of whom evince little interest in learning. However, little practical help or stimulation has been given them in this regard. Many of the parents themselves have been deprived of a satisfying relationship with adults in their own childhoods, and have consequently not learned to trust and relate to other people.

Considerable effort on the part of social workers and the Indians themselves would be required to put into general effect on reservations the following principles commonly regarded as desirable in family life in the United States:



A member of the Blackfeet Indian tribe rocks her grandchild to sleep in the tepee which serves as their home during the Sun Dance Ceremonial at Heart Butte, Mont. Child care among many Indians falls to the grandmother.

1. The father works and supports his family to the best of his ability.
2. The mother cares for her home and her children, keeping them clean, well fed, properly clothed, and happy.
3. Both parents maintain for themselves and establish for their family standards of morality.
4. The parents are concerned for the education and the future of their children.

Many Indian parents may accept these principles as desirable, and some certainly live up to them, but others are easily discouraged. Some seem to lack the "will to do" or to be skeptical of the effectiveness of effort. Others have apparently been so unhappy in their own childhoods that they are unable to care much about their children. The customary permissiveness of Indian parents in relation to children also hinders the development in the child of a disciplined approach to life.

Social workers and courts use the term "neglected" to cover various degrees of parental oversight. On Indian reservations where court neglect cases run far above the average the term is not used lightly. Too often it is apt to refer to a child needing hospitalization for malnutrition because nobody felt it important to feed him; or a child locked in the house for days, forgotten by parents carousing in town; or a child unwanted by the new man in his mother's life; or

a 10-year-old child found drunk on the street at midnight.

Lesser examples of neglect also abound. Some parents fail to provide their children with such simple daily necessities as clean clothing and lunches for school. Some demand their children's money for their own use.

Naturally children react to such neglect with a variety of unhealthy behavior patterns, which are the despair of schools, courts, and social agencies. Individual children and young people are in crying need of the kind of adult understanding and support which can give them security and hope.

Federal Services

The Federal Government accepts two major responsibilities for Indians: trusteeship for his lands and the money accruing from them; and social or developmental programs which are primarily an acknowledgment of a moral debt. In a sense the latter also stem from the land, for Federal services of a personal or community nature such as financial assistance, child-welfare services, education, and law and order are available only to Indians living on reservations or land held in trust for them.

However, no reservation or jurisdiction can exist without the need for State and local services, especially in these days of complex governmental services. Therefore in the early days of Federal grants to the States under the Social Security Act, the principle was established that wherever Federal funds are involved in public-service programs administered by State or local units the Indian's right is equal to that of any other person. Where State and local funds only are involved, States and communities sometimes balk at serving Indians because of the tax-exempt status of their lands. However, in many States funds for many of the services which the Indian requires along with other citizens are not derived from the property tax which he does not pay, but from other taxes which he does pay. Thus where normal sources of services fail to provide for Indians, the Federal Government sometimes gives services of a supplementary or a special nature to those who live on reservations or upon tax-exempt Indian-owned land.

Except for health services which are now provided through the Public Health Service of the Department of Health, Education, and Welfare, the Federal Government provides its services to Indians through the Bureau of Indian Affairs, first established in the War Department in 1824, and in 1849 transferred

to the Department of the Interior where it still remains. The Bureau's history reflects over a century of varying congressional policy toward the Indians. Depressingly, Bureau reports of the last century present problems and proposals still being presented today.

At present the Bureau of Indian Affairs maintains under the Commissioner divisions of Economic Development, Resources, Administration, and Community Services. Community Services, the principal division concerned with children, has branches on education, law and order, and welfare. The work of all divisions and branches, however, affect the Indian child and his future. If an Indian wants to leave the reservation and broaden his knowledge of other places and people, the Relocation Branch may help his family to resettle in some city where work opportunities are plentiful. If the potentialities of an Indian child's property interests are to be realized, the conservation programs of the Division of Resources must protect his land, forest, or mineral rights, and help him through proper appraisal and leasing procedures to obtain optimal value for them.

Outside Washington and closer to the Indian people the Bureau maintains 10 Area Offices, 9 of which include an area social worker on their staffs and 5 of which include an area child-welfare worker or assistant area social worker primarily responsible for child welfare. The Area Offices supervise 56 agencies or field offices, 44 of which include 79 local social-work positions.

At the present time the social workers carry a variety of responsibilities in the different agencies, depending partly upon the local situation and partly upon the vision and inclination of the individual social worker. In some agencies the financial-assistance load is so heavy that it is impossible for the social workers to handle any other problems, especially in the winter months. In others, tribal assets are such that financial assistance is no problem so that the social worker can devote most of his time to services. Some social workers have even ventured into group-work and community organization. In all areas the social workers are giving special attention to securing adequate guardians for the protection of both the person and the property of the Indian child. Social workers have considerable freedom in developing program.

It has often been said that the greatest hope for the future of the Indian lies in education. Over half the Indian children of school age now attend regular community public schools, usually through contract

with the State, while others attend day or boarding schools maintained by the Bureau of Indian Affairs. Vocational training is obtainable at a number of the boarding schools. Nearly 3,000 Indian children, most of the Navahos from homes far from any local school, live in 16 Bureau-maintained dormitories and attend nearby public schools.

The chief reason the Bureau maintains schools is the lack of other schools available to Indian children. However, 16 of its boarding schools and 4 of its dormitories also carry a large responsibility for the care of dependent and neglected children.

Being the principal resource for care of the school-age child away from his own home these boarding schools and dormitories have become a repository for children who have no parents or whose parents have abandoned them. They contain a great many children whose parents have separated and lost interest in them after taking on new partners and having other children. Many of the children were born out of wedlock and were first given by the mother to the maternal grandmother who when they reached school age turned them over to "Uncle Sam" and permanent residence in a boarding school. Some of the children were abandoned by their mothers immediately after birth and lived in hospitals until they were old enough to attend school.

Many other children in the boarding schools have been placed there for economic reasons alone by parents who are thus relieved of any necessity to support them.

Since the addition of child-welfare workers to the Indian Bureau's staff, emphasis has been placed upon keeping children with their own families whenever they can attend a local school, and making more suitable plans for the parentless or abandoned where possible, usually by contract with public or private social agencies. Inevitably the concentration of serious social problems in a boarding school or dormitory unequipped with the specialized staff to meet them produces serious behavior problems.

The Bureau of Indian Affairs considers its social-welfare program as supplementary to those of the States, which vary a great deal in their own programs. Some States make no distinction at all insofar as Indian children are concerned; others discriminate against them because of their tax-exempt land. However, even with the best intentions, child-welfare programs are so seriously understaffed in many States that they cannot provide full coverage to all children needing service, Indians or others. State child-welfare services are rarely available to children liv-

ing on a reservation. Some States are plagued by court jurisdictional questions in protecting Indian children, although courts seldom refuse to take protective action for an Indian child.

Toward Self-Improvement

Many concerned Indians believe that improvement in the lives of their people must come out of the thinking and planning of the Indians themselves. This thinking has already permeated some of the tribal councils which are taking steps to protect their children and to encourage young people to become more self-reliant. Educational funds totaling millions have been set up by 24 tribes to assure full educational opportunity for their young members. The Utes and the Jicarilla Apache tribes, which have considerable financial assets, have through action taken by their own legal counselors set up minors' trusts in trust companies in Denver and Albuquerque to protect their children's money.

Many tribes, concerned with the amount of drinking on their reservations, have established chapters of Alcoholics Anonymous and have encouraged treatment at rehabilitation centers or hospitals when indicated. Some tribes have established, through the use of both tribal and personal funds, a means whereby new or improved housing is made available to their members. Recently the Three Affiliated Tribes of the Fort Berthold reservation in North Dakota offered \$1,000 as a prize to the winner of a community development contest.

Since few reservations are able to support their growing populations at a decent level of living, most Indian tribes are taking steps intended to help people still on the reservations to adjust to off-the-reservation ways of life. They are also holding intertribal meetings of an educational nature, such as the recent meetings on health problems, in Albuquerque, N. Mex., attended by members of the Pueblo and Navaho tribes, and the Indian Youth Conference which met in Washington last November under the sponsorship of Arrow, an organization of Indians and other persons interested in Indian welfare.

The encouragement of self-reliance is implicit in the most recent expression of Federal-Indian relationships. This is contained in House Concurrent Resolution 108 (83d Congress 1953) which states in its preamble:

"... it is the policy of Congress, as rapidly as possible, to make Indians within the territorial limits of the United States subject to the same privileges and responsibilities as are applicable to other citi-

zens of the United States and to grant them all of the rights and prerogatives pertaining to American citizenship" The resolution lists certain Indian groups which the Congress deemed ready to be freed from Federal supervision and control and from disabilities and limitations especially applicable to Indians. Subsequently, so-called "termination" laws were enacted affecting certain specified tribes, the largest and most prosperous of which are the Klamath of Oregon and the Menominee of Wisconsin.

What of the Future?

Many Indians have found their own way to a more satisfying life and many more will do so. However, there is reason to be concerned about those who are undecided and fumbling, who waste opportunity, who are discouraged and doubtful. Their numbers are not great; a few hundred families on most reservations. A joint effort on the part of the tribes, the States and counties, the Bureau of Indian Affairs, and other appropriate Federal agencies should be able to produce a plan which might provide a spark of hope for each family.

Such a plan might include:

1. Provisions ensuring newborn babies and children under 6 of an environment which will break the vicious circle of unloved children becoming unloving parents.

2. Various steps, such as the employment of visiting teachers and promotion of parents' clubs, which can help parents understand and assume their responsibility for their children's home life and education.

3. Steps which can help families make more effective use of financial assistance and provide incentives to persons capable of becoming self-supporting to remove themselves from assistance rolls.

4. Steps to combat cultural patterns which are an

impediment in present-day living. (Already ways are being found to deal with certain differences between the Indians and others in concepts of what is important. For example, one boarding-school adviser has set up a system for referring students to jobs, beginning with very simple tasks, and permitting progression only on the basis of proven responsibility such as getting to work on time.)

5. Steps which will help Indian children and youth to persist in their education, including the provision of educational and vocational guidance based on their individual capabilities.

6. Steps to make social services, including child-welfare services, available to families and children in need of them.

7. Community programs to enrich the life of Indian families on the reservations and to open the possibilities of life elsewhere to those who are interested. (How, for instance, can a community and its high-school students try to help the reservation children of high-school age who dread the prospects of attending public school?)

As an American citizen, the Indian should feel as free as any other person to come or to go and to use his resources as he himself wishes. He needs to shake himself free of the "Great White Father." If he is to live proudly in today's world he must adapt to the dominant culture while retaining those vestiges of his own culture which are useful or pleasant. And perhaps he will continue to make his own distinctive imprint on the general culture as he has with the corn he developed, the beautiful jewelry he has made, the paintings we now see exhibited in our galleries, and the songs and dances of ethnical significance by which he has related himself to Nature.

¹ Act of August 14, 1954 (68 Stat. 718) as amended August 14, 1957 (71 Stat. 347).

If you have a child and it's naughty do not strike it. . . . If you hit the child you will merely be putting more naughtiness in him. It has also been said that mothers should not lecture their children, that they merely make them bad by admonishing them.

From "The Teachings of My Father," in Crashing Thunder, autobiography of an American Indian, edited by Paul Radin.

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How laymen and professional persons work together for children's health

A CITIZENS' COMMITTEE ACTS FOR CHILDREN

MARION R. ASCOLI

Vice President and Chairman of Health Section, Citizens' Committee of New York City

NEW YORK CITY is a wonderful place in which to live, but it is a difficult place to bring up children, even under the best circumstances. It is an overwhelming, overcrowded place. It has long contained many excellent organizations devoting their skills and their energies to various phases of child welfare, but until 12 years ago no one seemed to be looking intently at the whole picture—at what was being done, or left undone, for all the children in the city's five boroughs.

The Citizens' Committee for Children of New York City was founded in 1945 by a small group of lay persons and professionals who worked together during the war to bring about day-care services for the children of working mothers. When the war came to an end they felt that by joining forces with others they could bring into existence a citizens' committee which would tackle a larger number of problems related to children's welfare.

Today the Citizens' Committee has 122 members, including both interested laymen and experts from all the appropriate disciplines. They work together, with the help of a highly skilled and devoted staff, on all the facets of metropolitan life that affect children. The membership includes psychiatrists, pediatricians, social workers, nurses, a housing expert, a member of the city council, judges, and repre-

sentatives of most city departments, and a hard core of knowledgeable, active laymen.

The committee's motto is: "Find the facts before you find fault and never make studies or surveys unless you know exactly how they are to be used." This combination of careful study and considered action is not easy to achieve, but it has won the confidence of other agencies and municipal and State officials. These turn to the committee more and more frequently for background material and for suggestions.

The committee always takes a positive approach to problems. Where it deplores it also recommends, and often works with city officials to improve and expand children's services. It publicly exposes shortcomings *only as a last resort*. When the committee does decide that an exposé is necessary it acts quickly and hits hard.

The members of the Citizens' Committee are chosen as individuals and represent only themselves. Therefore the committee has a useful capacity to act on short notice. This makes for flexibility and quick action in times of crisis. Crises are the committee's steady diet, for it not only maps out programs and points up needs, but also acts as a *watchdog* for the city's children and their families and tries to stop legislation or economies which might prove harmful to them.

The committee tries never to duplicate the work of any other group but to cooperate whenever possible with those who seek its help. Often after initiating

Based on a paper presented at the 1957 annual meeting of the American Public Health Association.

a project it turns it over to a more appropriate body for further study or for action or both. Sometimes the committee plays a major, sometimes a minor, role in concerted community effort, but it is in on almost everything that concerns children.

In the annual battle of the budget the Citizens' Committee for Children is in the front ranks. Every year when the mayor's executive budget comes out the committee's staff makes a detailed analysis of all those parts that affect children's services. From this analysis emerges, after much effort, a picture of what the city proposes to do or to eliminate or to leave undone for children during the coming fiscal year. The committee shares this information with many other voluntary agencies which, thus armed, are later represented at the budget hearings to exert pressure on the board of estimate, the governing body which holds the purse strings.

The committee's structure has grown rather naturally out of its aims and its principles. Since one of its most important functions is to point out the un-filled needs of the city's children, it has established working sections in the main areas of child care and related fields. These sections have been altered from time to time as situations have changed.

Currently the committee has sections concerned with education, foster care, health, legislation, mental health, and protective services. The chairman is usually, but not always, a layman, on the theory that a layman has more time to devote to the job. Each section functions in a different way according to the work it has in hand. All chairmen are members of the board.

The Health Section

The health section functions as a whole and also through subcommittees, each of which has its own chairman. At first the entire section concentrated its efforts on securing adequate maternal and child-health services. This involved working on personnel and budget problems of the city department of health, acting on State legislation, co-operating with the American Academy of Pediatrics in its study of child-health services and publishing a report, "Citizens Look at Their Health Services for Children."

As time went on the health section was able to turn its attention to the special services needed for various groups of children—for example, the handicapped in special schools and institutions. During this past year, the section's activities have included working on budget and personnel problems of the city health department, helping to plan a conference on perinatal

mortality with other groups in the city, and looking at the effects on families of the high cost of prescription drugs.

The disastrous effect of the high cost of the new drugs on many family budgets was brought to the section's attention by the vice-chairman who is on the staff of the Health Insurance Plan of Greater New York, a voluntary prepayment medical-care plan. She reported that families not eligible for free medical care often cannot afford these drugs and that they therefore either do not have important prescriptions filled or go into debt or become indigent in order to have them filled. The investigations of the section's subcommittee showed that this situation was widespread enough to warrant attention.

Members of the health section are aware that drug companies have made enormous investments in manufacturing these drugs and that in due time prices will come down, but they also realize that new drugs coming on the market will continually present the same problem. The section's staff has now collated all the material collected, for presentation to the public and to the professional agencies which carry responsibility for medical care in the city and State.

Children in Hospitals

Another of the health section's subcommittees is looking into an entirely different aspect of child health. It is making a survey of leisure-time activities for children in hospitals, both inpatient and outpatient. This is in a sense an outgrowth of a study the section made 2 years ago of hours for visiting children in local hospitals. The section began that study with a telephone inquiry to all the city's public and voluntary hospitals with pediatric beds in regard to their policies on visiting hours for child patients. Among 75 hospitals, the inquiry revealed wide variations in policy, ranging from 2 hours once a week to 5 hours a day.

Armed with this material and a well thought out questionnaire and prepared by a briefing session, the members of the subcommittee visited, by appointment, a sampling of these hospitals and a few outside the city. In addition, they wrote to many hospitals in other parts of the country to inquire about their policies. Wherever they found liberal visiting hours they made a point of discovering how long they had been in effect and what the key persons in the hospital, especially the doctors and nurses on the wards, thought of the policy. They also tried to find out who had instituted the liberal visiting hours.

A report of the committee's findings was published in the *Journal of Pediatrics*.¹ A recent telephone check of the 75 New York hospitals, just completed, has shown that about 60 percent of the original group have liberalized their schedules and many now permit parents to visit during most of the day. Although the committee cannot take full credit for this change it can rejoice that today fewer children are deprived of the comfort and support of their parents at a time when they have dire need of both.

The Committee's present study of leisure-time activities for children in hospitals, which the health section and the Play Schools Association of New York are conducting together, has the endorsement and co-operation of the United Hospital Fund and the Greater New York Hospital Association. The goal in this study is to discover, by visits to various hospitals, the kind of programs that exist, the personnel involved, whether paid or voluntary, and how well the programs work.

The committee members believe that a child who must stay in a hospital for any length of time should have some satisfying play materials and an appropriate program to help him pass the long hours; that a happy child will make a better recovery. They also believe that a good, if simple, recreation program in the outpatient clinics would make the long waiting hours more bearable for the mothers and the young patients and would help ease the strain on the medical staff.

Current Battles

How the health section selects its areas of activity can best be illustrated by quoting from the staff's report for the winter 1956-57:

"In the health field it has been possible through the years to show how a group of citizens, laymen and professionals, can work in relation to the public departments. Each year the health section reviews the requests of the health department and works hard to secure support for the department's most urgent needs in the child health field. These needs have changed with the city's changing living patterns. It became important, as more and more mothers went to work, to make sure that day-care centers provided adequately for the health and safety of the many small children who attended them. As apartments became smaller, and many areas in the city more congested, summer day camps were established and must now be inspected to be sure they meet minimum standards in order to safeguard the 100,000 children for whom these camps are responsible."

The health section's struggle to obtain recognition and adequate salaries for professional health personnel was begun in 1945 and is still going on. The section has explained to the city's budget director the difference between a public-health nurse and a hospital registered nurse. It has prepared material on the reclassification of the medical personnel in the city's health and hospital departments. It has testified at many hearings, and during the past year worked successfully for the reclassification of the job of assistant commissioner in charge of maternal and child health.

Perennial Problems

Some battles seemed to have been won only to flare up again. The neonatal mortality rate, which for New York City as a whole is low, is rising dangerously in areas inhabited largely by Puerto Ricans and Negroes. On other problems the health section has been plugging along over the years without being able to bring about any substantial improvement.

Many children between the ages of 1 and 6 are receiving no regular health supervision. The city's child-health stations do not have enough medical personnel to cover all these children. Sometimes diseases or disabilities in preschool children, which could be successfully and quickly treated if found early, do not come to anyone's attention until irreparable damage has been done. This is false economy.

Thirty-one public high schools and many parochial high schools receive no health department service at all. This means many youngsters of high-school age also receive little or no health supervision. Dental services for children are completely inadequate and no public dental service is available to high-school children. The intense battle—so far unsuccessful—for water fluoridation will have to go on, and so will pressure for additional dental services.

Sometimes a flicker of interest can turn into a major project. Several years ago, a representative of an agency dealing with handicapped children recommended the opening of a special school for these children. A committee staff member who heard this arranged for him to discuss his idea with members of the committee. As a result of this and ensuing conversations, the committee invited representatives of some of the leading groups dealing with physically handicapped children to discuss the problem of their education. Representatives from the city and State departments of education and health

as well as experts from the committee's membership, including educators, psychiatrists, social workers, physicians, and recreation specialists were also invited.

From these meetings came a series of recommendations toward the improvement of the education program for physically handicapped children. They did *not* include a separate school, but *did* include recommendations affecting transportation, teachers' training, school building design, and organization of classes. The recommendations were presented to the mayor's advisory council. One of them—that severely handicapped children other than those with cerebral palsy be admitted to the school system's special classes—has now been realized. In addition, the Board of Education's new contract for the transportation of school children provides for 15 especially equipped busses built to transport children in wheel chairs and on crutches.

The health section is now trying to reexamine the most urgent needs in health services for children, in order to outline a program for the next year.

A Committee's Functions

I have described activities of the health section to illustrate how varied are the activities and methods of the Citizens' Committee. The committee's other sections have also accomplished fine things. Studies of the juvenile courts have resulted in four books and a number of pamphlets which have attracted national attention and are having great influence locally. Another committee is wrestling with the knotty problem of the child who needs care outside his family, from the points of view both of providing adequate service and also of preventing this need. The legislative section studies all bills affecting children proposed in the city council and the State legislature and tries to push some and annihilate others. The education section is deeply concerned by the overcrowding and understaffing of the city's schools and by the problem of desegregation. The committee believes that the mental-health field in our city is chaotic, and an appropriate section is trying to develop ways to improve and coordinate existing services.

A citizens' committee for children can function in many ways and on many levels. It can make quick surveys or well-documented, definitive studies, initiate action or follow the lead of others, work with the city and State governments and encourage some legislation or try to discourage the bills which seem undesirable.

The members of such a committee should care deeply about children and young people. They must *not* be *prima donnas* but *must* be prepared to lead. They should have knowledge and convictions and be willing to work hard and work together. They must have good judgment about priorities since no group can cover all the facets of life in a modern urban setting. They must be disciplined enough to gather all relevant facts before taking a stand and must have the courage to speak out clearly when the right moment comes—even though the position they have decided on may not make them popular. This may sound like a large order, but there are, fortunately, many people who meet this description in every city and town in the land.

The staff of such a committee is of paramount importance. The executive director must have many qualities, among which are knowledge of the community and of children, tact, flexibility, a capacity for eliciting the best from the committee members, nerves of steel, and enormous vitality. A sense of humor is also a great help. The staff should include at least one good research person who can marshal facts and put them into readable form.

Every committee of citizens will follow a different pattern and will even change as it develops. It has the greatest chance of success if it is willing to start out modestly and grow slowly.

The Citizens' Committee for Children of New York has had many failures as well as accomplishments. It has tackled many perennial problems only to go down in annual defeat. However, little by little, over the years, it has alerted its fellow citizens to some of the dangers inherent in seeming economies and to the need for more and better services.

It speaks for the children of the city who cannot speak for themselves.

¹ Liberal visiting policies for children in hospitals. A report by the Citizens' Committee for Children of New York City, Inc. *Journal of Pediatrics*, June 1955.

THE REDUCTION OF ROLE CONFLICT IN INSTITUTIONAL STAFF

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CORRECTIONAL INSTITUTIONS throughout the United States today are undergoing a process of transformation. They are changing from relatively simple institutions with punishment, custody, and security as objectives to much more complex organizations with such difficult goals as vocational training, education, and personality and value reorganization superimposed on the older custodial expectations.

Such changes require fundamental redefinition of the roles which institution staff members must play, the relationships they maintain with one another and with their charges, and the various activities of their jobs. Basic conflicts are bound to occur in the process. Nowhere is this more clearly apparent than in the dilemma experienced by cottage staff, or houseparents, in juvenile institutions.

Older forms of correctional organization were based on highly authoritarian systems of relationship created to achieve the goals of custody and moral regeneration. The institutions operated through an established set of rules, the violation of which called for predictable forms of punishment. Classification took the form of grading offenders in terms of custodial risk.

In such systems the clarity of the objectives was matched by the clarity with which the role of house-

parent was defined. He was expected to treat his charges all alike without regard to favoritism or special considerations arising out of individual need. Only in this way, it was thought, could order be maintained and justice be done. The houseparent who secured the greatest rule conformity by punishing rule violators consistently and impartially was evaluated most highly by the administration.

Sources of Conflict

The current movement from this type of institution to one in which treatment interests are dominant precipitates a form of role conflict for cottage staff members. Where custodial requirements are minimized and treatment is stressed, they are faced with a dual obligation. On the one hand, they must continue to preserve order and discipline, since this is essential for keeping the institution going and a necessary precondition for effective treatment. On the other hand, they must individualize the handling of their charges according to the unique personality problems of each, so as to aid rather than hinder the therapeutic efforts of the professional staff.

The houseparent in this situation is confronted with a dilemma. The only way he knows of preserving order is to secure conformity to a set of rules which are clearly understood by all members of his cottage. His commitment to democratic values of equality and justice impels him to enforce these rules by punishing violators appropriately. However, he is told that punishment may often make treatment

Based on a paper presented at an advanced seminar in authoritative settings at the New York School of Social Work in December 1956.

more difficult and that the proper attention to individual needs would make it unnecessary. He is torn between a recognition that an unenforced rule is no rule at all and an interest in abetting treatment efforts.

In most institutions the houseparent in this situation has little training and receives little help from his superiors. Ordinarily his supervisors are persons with greater seniority who have risen from the ranks. Frequently though they have learned to talk about the houseparent's role in terms of its treatment obligations they actually evaluate performance in relation to the houseparent's ability to run a quiet and orderly cottage. Constant referrals of disciplinary problems from a particular cottage mean to the supervisor that the houseparent is not doing a good job, an assumption based on the belief that if the houseparent understood his charges he could prevent disciplinary infractions. The effect of this type of evaluation is to reinforce the houseparent's control-treatment dilemma.

In most training schools too the houseparent receives little help from professional staff members. The latter work from a central office and carry case-loads of individuals scattered throughout the institution. They are not routinely faced with the problem of maintaining group control within a cottage. They tend to become isolated from the disciplinary responsibilities faced by the houseparent and to feel unprepared for and uninterested in intervention in problems of order or security. Interested primarily in therapy, they tend to assess the houseparent's disciplinary action in relation to its effect on the offending individual without regard to its consequences for other members of the cottage. They strongly resist the tendency of administrators and cottage staff supervisors to place primary emphasis on the maintenance of routine, order, and custody.

Trapped Houseparents

The inevitable result of these various expectations of the houseparent is to produce considerable conflict between staff units—cottage, supervisory or administrative, and professional. The confusion arising as to the division of authority and responsibility is quickly aggravated and exploited by those juvenile offenders who are most opposed to the institution's goals.

Faced with the necessity of maintaining order and discipline within the cottage without anyone outside knowing of trouble, many houseparents resolve the dilemma by forming friendships with the natural

leaders among their charges.¹ Through conferring special privileges and rewards on these persons the houseparent secures their help in controlling the activities of his other charges. This makes him vulnerable to threats of disciplinary violation unless he meets the young people's demands for control over cottage affairs. Thus, the most rebellious and hostile young persons become dominant and exact conformity from their more tractable peers.

The houseparent who is trapped in such a situation is apt to struggle to regain control through occasional inconsistent attempts to enforce his rules to the letter by meting out severe punishments for infractions. There follows a rash of runaways, riots, property destruction, and other rebellious behavior which cannot be hidden. Soon the old order is restored.

A Problem

I have thus far described only a few of the major aspects of role conflict among houseparents in modern institutions for juvenile offenders. Many other pressures and counterpressures operate in this situation, and many variations exist in its form and content. I have, however, delineated the background against which one institution—the New York State Training School for Girls—set about trying to resolve the dilemma in the houseparent's problem of maintaining a quiet, orderly, but treatment-oriented cottage. The following description of this experiment and its effects derives from searching discussions with the superintendent and the members of his staff and from personal observation.

A change of management in this institution in 1953 resulted in a stronger emphasis on professional treatment goals. This transformation was directed by an experienced administrator trained in social work and committed to the values of his profession. He assembled a group of social workers to implement his program. The process of change was facilitated by a high turnover in cottage staff in the first year of the new administration, which made it somewhat easier to set up and enforce new role expectations for both cottage and professional staff.

In the beginning of the new administration the role definition for houseparents at this institution closely paralleled the conflicting expectations described in the preceding general statement. Cottage staff members were supervised by a small group of "seniors," former houseparents carrying supervisory and administrative functions. The seniors made up the institution's "home life department," a referral

center for all administrative and disciplinary problems with which the cottage staff felt unable to cope. They provided the houseparents with guidance in carrying out their jobs and evaluated their performance. Though the seniors had acquired an ability to talk in terms of treatment objectives, their evaluations in effect reflected the degree to which the houseparents maintained discipline and order within the cottages and achieved an involvement of the girls in their care into institutional routines.

A houseparent's failure to fulfill these expectations was interpreted as a mark of incompetence and an evidence of inability to adopt a "treatment" orientation toward individual girls. As a result the houseparents felt that their requests to supervisors for support of disciplinary actions were handled in an inconsistent and unpredictable fashion. They could secure little guidance in resolving their basic dilemma—how to maintain a quiet cottage without interfering with individual treatment objectives when confronted with a group of girls largely hostile to the institution's purposes and informally organized for achieving their own ends.

The houseparents also felt unable to get full understanding of the nature of their problem or help in resolving it from the institution's social caseworkers. These formed a separate unit and were assigned their cases on an individual basis after the initial intake examination. Though they made numerous efforts to confer with the houseparents, communication centered about special problems of individuals. The caseworker was not prepared to deal with the houseparent's relationship with an individual girl as a part of the total context of relationships in the cottage. As a consequence the emphasis on solving problems of group discipline through understanding the treatment needs of the individual case only intensified the houseparent's basic conflict and sense of inadequacy.

The organizational arrangement made for division of responsibility and resulting confusion in regard to treatment and disciplinary decisions. It thrust back on the houseparent the basic task of resolving the role dilemma and tended to produce considerable hostility among the three staff units.

The caseworkers were not kept informed of what others were doing to persons in their caseload. They felt that both the seniors and the houseparents failed to work effectively because they were not basically oriented to treatment objectives and were not making an effort to understand and deal with the actions of individuals in relation to their treatment needs.

The houseparents' hostility reflected feelings of being abandoned and left to face their role problem without adequate understanding and support from their superiors. Under the pressure of day-to-day situations they resorted to devious ways of resolving their anxiety on an intuitive basis, but with relatively little success. Some retreated to a fixed and rigid set of rules which they enforced uniformly with whatever disciplinary tools were available to them within the cottage, while others developed cajoling relationships with their charges. In both cases the adjustment indicated an abandonment of treatment goals within the cottage.

The girls generally responded to this state of confusion and divided responsibility by manipulative tactics in which they sought to play various staff members off against one another. The houseparents shopped around for acceptable prescriptions in individual cases of misbehavior by presenting their problems alternately to the seniors and the caseworkers, frequently playing off one against the other. No single unit had access to all information known about an individual girl. Each unit pursued different objectives, collected different types of information about the girls, and arrived at different assessments of what ought to be done. The resulting intrastaff conflicts provided ample reason for the new administration to be concerned about their effect on both the custodial and treatment objectives of the institutions.

An Experiment

In the face of these conditions the superintendent and his staff of social workers concluded that much more intensive and close supervision of cottage activities by professionally trained persons should be arranged. Consequently, the home life department and the casework service unit were combined into an integrated "cottage service department," with a trained social worker as director. Each social worker was assigned to supervise the activities of the girls and staff in two cottages.

At the present time 12 of the 16 cottages are under the authority of a social-work supervisor. The 4 remaining cottages are supervised by seniors, who also carry general troubleshooting responsibilities on the shifts to which they are assigned. The social workers have line authority over the staffs in the cottages under their direction and are expected to provide them with direct support and guidance in the handling of the girls. They are also required to provide treatment to the girls in these cottages.

This reorganization of the institution's structure firmly locates ultimate responsibility with the supervisors for all administrative, disciplinary, and treatment problems in the cottages. The social-work supervisors are also expected to provide routine evaluations and recordings on the work of the cottage staff. As a matter of practice, though they carry final authority for decisions, they make a conscious effort to share decision making with the cottage staff and to delegate authority to those houseparents who can safely and willingly assume it.

The effort is to present a united front to the girls of the cottage. Where a difficult disciplinary action has to be taken both the houseparent and the supervisor jointly present the decision to the offending girl. The supervisor refrains from openly countering inappropriate decisions reached by a houseparent but attempts to use the incident to prepare the houseparent for more adequate handling of similar cases in the future.

Relocation of Power

The net effect of this change has been to relocate power in the hands of the supervisors, unify the authority structure, decentralize treatment and disciplinary decision-making to the various supervisory units, provide for professional attention to the total range of cottage problems, and preserve central control and continuity in the handling of individual cases.

The change was met by a considerable amount of initial hostility by houseparents. Some were afraid that they could not measure up to the social workers' expectations of them. Others felt that supervision by treatment-oriented social workers would challenge the disciplinary and treatment measures which they had evolved to maintain order. This hostility gradually turned to enthusiastic acceptance as the houseparents found that they could share the total range of their problems with their new supervisors, that the supervisors were ready to help with the complicated decisions posed by the necessity to carry on control and treatment simultaneously. The houseparents found that the basic role conflict with which they had been struggling was no longer theirs alone but could now be passed on or at least shared with the social-work supervisor.

Though the behavior of the girls improved during the integration experiment, the superintendent and his staff were primarily concerned with a "desire to increase, expand, and refine treatment techniques." In evaluating the results, consideration must be

given to the experiment's effects on relationships among the staff, between the staff and the girls, and among the girls themselves.

The Results

Insufficient time has elapsed for more than a brief observation of the apparent consequences. Furthermore, resources have not been available to support the independent, objective, and probing type of inquiry which is necessary to assess fully the impact of this staff reorganization at all levels of institutional activity. The following indications, therefore, drawn primarily from staff observations and reactions, should be viewed only as preliminary and suggestive:

1. In the structural change which took place, what has happened to the customary institutional role relationships between social caseworkers and houseparents?

The clear reorganization and clarification of the location of power, authority, and decision making have resulted in a redefinition of the duties of the social worker, making them more nearly coextensive with those of the houseparent. Problems of administration, cottage organization, and discipline have been added to the social worker's traditional concern with individual treatment.

The cottage staff has passed on its role dilemma to the new social-work supervisor. The houseparents are no longer expected to have the competency derived from training, philosophy, or experience to solve the basic conflicts of cottage life. According to the social-work supervisors, as a result of these changed expectations the houseparents are happier, more amenable to suggestions, less rigid in their relationships with the girls, more interested in understanding the girls' treatment needs, more flexible in disciplinary decisions, and more concerned with acquiring a reputation for running a well-adjusted cottage.

This concern with campus reputation indicates an interest on the part of the houseparents in conforming to a developing unified concept of their role. It also shows some willingness to be identified with the girls in the cottage, as well as with the supervisor, in a shared conception of achieving a "good cottage."

In general, a very marked increase in staff harmony has occurred through the minimizing of the basic sources of misunderstanding, competition for control, and factional pursuit of different ob-

jectives inherent in the former separation of role obligations.

2. What has happened by virtue of this organizational change to the traditional social-work relationship with the client?

Clearly a stronger authority identification has been built into the new role of the social worker. The social workers have expressed the opinion that the new role offers greater opportunities for treatment than formerly and that there is nothing inconsistent in the various duties or activities of this role from the standpoint of treatment effectiveness. The social-work supervisors have said that the girls do not restrict the information they offer about their problems any more than they did formerly. In fact, the girls seek the social workers out even more frequently and volunteer personal information just as freely.

The social workers report, moreover, that new sources of information drawn from the affairs of cottage life have been opened to them which have enhanced their ability to deal with the individual girl's personal problems. They are now able to relate these problems more successfully to the content of the girl's daily experience in her cottage. This has minimized misrepresentations in the girls' communications to them and has permitted more effective use of the realities of cottage experience as a treatment resource.

The administration places special emphasis on the contribution of the staff reorganization to the staff's ability to present a united front to the girls in the institution. The opportunity for the girls to exploit communication failures between house-parents and social workers has been largely eliminated. The new structural arrangement has greatly facilitated the exchange and sharing of information, thus blocking the girls' ability to manipulate staff and exploit staff misunderstandings as a way of solving or evading personal problems.

3. What has been the effect of the staff integration on the girls' relationships with one another and on their subsequent careers?

An adequate answer to this question would require much more intensive investigation of attitudes and relationships among the girls. While it seems clear that the new system has helped to lessen manipulative

and deviant responses on the part of the girls in their relations with staff members, it is not clear how much the decrease in misbehavior is simply due to the greater control potential in the new staff arrangement rather than to greater acceptance and internalization of staff values on the part of the girls.

Possibly the increased centralization of authority among staff has been matched by a greater centralization of relationships among the girls and a heightening of the effectiveness of their informal controls over one another's behavior. The relatively untroubled smoothness with which the new integration has occurred suggests that the basic accommodations which formerly existed between the girls' informal organization and the official system have not been materially altered. The ease with which "acting-up" members are being controlled to preserve a good-cottage reputation suggests the presence of a fairly well-structured arrangement of roles set by the girls themselves. This would mean that the girls' values as opposed to administrative values are still intact, thus blocking effective internalization of official values except by the "squares" who already have them anyway.

Observation Needed

The foregoing comments on the girls' relationships can only be advanced as a possible hypothesis of the girls' response to staff integration. Currently no evidence is available to provide a clear picture. Observations point to many advantages in the new staff organization from an administrative point of view. It greatly facilitates the management and control of the institutional population. It seems to offer greater opportunities for staff to pool their observations to arrive at more realistic treatment decisions in individual cases. Information is not yet available, however, to determine whether the benefits to the staff in their handling of the girls and in their relations to other staff members are matched by benefits to the girls in their peer experiences and in their subsequent careers.

The results thus far appear to be highly desirable and to point to the general success of the experiment. They also suggest the need for more intensive observations of the girls' responses.

¹ Sykes, Gresham: The corruption of authority and rehabilitation. *Social Forces*, March 1956. (p. 257.)

FILMS ON CHILD LIFE

Films listed here have been reviewed by staff members of the Children's Bureau. The listing does not constitute endorsement of a film, but indicates that its contents have merit. Charges for rental or purchase, not given because they change, may be obtained from distributors.

WHERE THE GREEN GRASS GROWS. 20 minutes; sound; color; loan.

Records the experiences of 16 children with muscular dystrophy at a camp. Though limited physically, the children show the same joy in the same activities as do other children.

Audience: Citizen groups.

Produced and distributed by: Muscular Dystrophy Associations of America, 1790 Broadway, New York 19, N. Y.

A DESK FOR BILLIE. 57 minutes; sound; black and white or color; purchase or loan.

Depicts the story of a child following the crops with her migrant parents and her struggle to get an education.

Audience: Church and other lay groups.

Produced by: Agfra Films.

Distributed by: Sale: National Education Association, Division of Press and Radio Relations, 1201 Sixteenth Street, N. W., Washington 6, D. C. Loan: State educational associations.

FROM TEN TO TWELVE. 26 minutes; sound; black and white; purchase.

Illustrates the physical and emotional development of children of these ages by showing characteristics of their behavior and their attitudes toward parents, teachers, and each other. This film is one of the "Ages and Stages" series.

Audience: Parent-teacher association study groups; any group interested in children.

Produced by: Crawley Films for National Film Board of Canada.

Distributed by: McGraw-Hill Book Co., Text-Film Department, 330 West 42d Street, New York 36, N. Y.

THE TEENS. 26 minutes; sound; black and white; purchase.

Shows the behavior of three teen-

agers in a family—a 13-year-old boy interested in his hobby, a 14-year-old active in his gang, and a 15-year-old girl well on her way to maturity but still dependent on her mother for emotional support. This film is one of the "Ages and Stages" series.

Audience: Parent-teacher association study groups; any group interested in teen-agers.

Produced by: Crawley Films for National Film Board of Canada.

Distributed by: McGraw-Hill Book Co., Text-Film Department, 330 West 42d Street, New York 36, N. Y.

MAGIC IN SEEING. 22½ minutes; sound; black and white or color; purchase or rent.

Demonstrates a program for testing a school child's eyes, with referral to an ophthalmologist and fitting of glasses.

Audience: Parents; general public.

Produced by: Sam Orleans, with the cooperation of the National Health Council.

Distributed by: Sam Orleans and Associates, 211 West Cumberland Ave., Knoxville 15, Tenn.

A BABY NAMED X. 54 minutes; sound; black and white; purchase or rent.

Suggests how an adoption agency evaluates families applying for children and the kind of help it offers unmarried mothers.

Audience: Social-work students; case-workers.

Produced by: NBC Television.

Distributed by: Child Welfare League of America, 345 East 46th Street, New York 17, N. Y.

EMERGENCY HOUSEWIFE. 14 minutes; sound; black and white; purchase or rent.

Shows how the Norwegian Govern-

ment provides homemaker service to families when the mother is ill.

Audience: Parent groups; social-work students; general public.

Produced by: Norsk Film A/8, Norway. Norwegian commentary translated into English at the University of Southern California, Department of Cinema.

Distributed by: University of Southern California, Department of Cinema, University Park, Los Angeles 7, Calif.

YOUR VERY OWN. 17 minutes; sound; color; purchase or rent.

Illustrates steps taken by a social agency while considering the placement of a child for adoption in the home of a young Negro couple. Made for the Bureau of Adoption of California's State Department of Social Welfare, this film is designed to encourage adoption of children in minority groups.

Audience: Church and club groups; social workers and public-health nurses.

Produced and distributed by: University of Southern California, Department of Cinema, University Park, Los Angeles, Calif.

BOY IN THE DOORWAY. 28 minutes; sound; color; loan.

Tells of a boy's retreat from the world and shows how a residential treatment center for maladjusted children helped him conquer his problems; also how a family agency helped the boy's parents to prepare for his return to his home.

Audience: Mental-health societies; parent-teacher associations and other lay groups.

Produced and distributed by: Bellefaire, 22001 Fairmont Boulevard, Cleveland 18, Ohio.

BORDERLINE. 27 minutes; sound; black and white; purchase.

Points to some of the problems of emotional adjustment in adolescents and shows a teen-age girl undergoing psychotherapy at a small residential treatment center for emotionally disturbed children.

Audience: Parent groups; girls in a treatment center or training school.

Produced by: National Film Board of Canada.

Distributed by: McGraw-Hill Co., Text-Film Department, 330 West 42d Street, New York 36, N. Y.

HERE AND THERE

Interdepartmental Committee on Children and Youth

In the decade since the establishment of the Interdepartmental Committee on Children and Youth the number of Federal units of Government which coordinate their concern and activities for children through this device has risen from 11 to 34. Today's members come from 7 Departments and 7 independent agencies. Four of them—the United States Information Agency, the National Park Service, the Office of the Commissioner of Social Security, and the President's Council on Youth Fitness—became members within the past year.

The committee was established just 10 years ago this April as a result of a letter from the President to the administrator of the Federal Security Agency, predecessor of the Department of Health, Education, and Welfare. It met for the first time the following month.

From the beginning the committee has been concerned not only with exchanging program information but in looking into the broad needs of children. One of its earliest activities was to delve into conditions among children in Puerto Rico, which resulted in a report, "Needs of the Children of Puerto Rico," published in June 1950. This interest in gathering together information on the needs of special groups of children, as well as children in general, has continued over the years and has resulted in numerous publications, including reports on children of migrant farm workers, juvenile delinquents, children of working mothers and the mentally retarded.

Twice the committee has been aided in its inquiries by the advice and financial aid of the Josiah Macy, Jr., Foundation, with which it has jointly sponsored seminars for representatives of its member agencies. The first, on healthy personality development in children, was held in September 1951; and the second, on community planning for mentally retarded children, was held

in February 1956. The proceedings of these seminars were published by the Foundation.

Shortly after its creation the Committee became deeply involved in planning for the Midcentury White House Conference on Children and Youth. In this it developed a close and continuing relationship with two groups, the Council of National Organizations and the National Council of State Committees on Children and Youth, with which it has sponsored four joint conferences on children and youth in the last 5 years. A joint committee of the three groups is currently assisting with plans for a 1960 White House Conference.

The Interdepartmental Committee meets once a month, with programs focused on keeping the membership informed of recent developments within the agencies and discussing common problems and concerns. Its activities are carried out through subcommittees composed of program staff designated by the member agencies. One subcommittee has recently published a leaflet to help community workers identify the problems of and resources for young people leaving school for work. Currently an ad hoc committee is planning a seminar for Interdepartmental Committee agencies about the problems of teen-agers who are not succeeding in school.

Homemaker Service

A national conference to stimulate development of homemaker and related services throughout the United States is to be held early in 1959 at Chicago. Twenty-five national social and health agencies are cosponsors of the conference together with the following units of the Department of Health, Education, and Welfare: The Children's Bureau, Bureau of Public Assistance, Bureau of Old-Age and Survivors Insurance, and Office of the Commissioner, Social Security Administration; Office of Education; Office of Vocational Rehabilitation; Public Health Service; and the Special Staff on Aging.

These groups met in Washington on January 27 to discuss plans for the conference, which will be attended by about 400 persons. A study of homemaker service is now in process at the Public Health Service, and numerous other preconference activities to gather information and provide background material for the conference are being planned.

Some of the goals of homemaker service, as defined at the Washington meeting, are: Strengthening family life; preventing breakup of families on account of the mother's absence or illness; helping immature parents to give better care to children and home; assisting in the rehabilitation of the housewife or other ill or disabled family members; and permitting older or chronically ill people to remain at home.

About Health

An experimental 3-week institute to train nurses in leading discussion groups for expectant parents has just been completed in Dallas, Tex., by staff members of the Child Study Association of America, under the sponsorship of the Children's Bureau, the Texas State Department of Health, and Texas Woman's University. Local obstetricians, pediatricians, and psychiatrists are assisting in the project. The nurses attending come from five States: Texas, Louisiana, Oklahoma, Arkansas, and New Mexico. The institute staff is now providing consultation service to the nurses in their States. A followup institute will be held later in the year.

In 1954 a similar program was given by the association, under sponsorship of the Children's Bureau and the New York State Department of Health. Earlier the association has held programs of this type for social workers and educators.

The National Congress of Parents and Teachers is calling on local, State, and national health organizations for cooperation in carrying out a program to promote continued health supervision for all children. As a result of recommendations made at a special conference of representatives of health organizations and Government agencies, held 2 years ago, the congress is urging local parent-teacher associations to expand their "summer round-up" programs, hitherto focused on health ap-

praisal of children at school entrance, to encompass a concern for children's health from birth through their school experience.

Among the specific educational and promotional activities the Congress has suggested for local PTA's in connection with this program are: Interpretation of the uses of health facilities and the importance of preschool health as preparation for school attendance; surveys to ascertain those children not receiving continuous health supervision; cooperation with other agencies in developing a program for periodic health appraisal and in the development of school health councils; recommendation of general health examinations by family physicians; aid in the development of cumulative child-health records; the promotion of research in child-health programs.

Since last October construction contracts totaling more than \$1,200,000 for health facilities for American Indians have been authorized by the Public Health Service, U. S. Department of Health, Education, and Welfare.

The construction will include 22 housing units on or near Indian reservations in the Southwest; additions to the Indian hospital at Tuba City, Ariz.; a field health center at Kayenta, Ariz.; 4 field health stations in South Dakota; and water and sewage facilities at Crown Point and Zuni, N. Mex., and Chinle, Ariz.

The Public Health Service recently announced new grants totaling more than \$300,000 for its nationwide research program directed toward development of preventives for cerebral palsy, mental retardation, and related neurological disorders. The participating institutions are Charity Hospital, New Orleans, and Columbia University, New York. They received \$168,167 and \$150,000, respectively.

The two new awards bring to 13 the number of medical schools and hospitals engaged in the collaborative study. The other 11 medical centers participating in the study are: New York Medical College; University of Oregon Medical School; Yale University; Brown University; Medical College of Virginia; Children's Hospital, Philadelphia; University of Pennsylvania; Johns Hopkins University; Children's Hospital, San

Francisco; University of Minnesota; and Boston Lying-in Hospital. These centers have received grants totaling about \$2.1 million since the study began in 1956.

To help prevent goiter in an area in India, the United Nations Children's Fund (UNICEF) recently approved a project for enriching salt with iodine. This is the first project of its kind to receive aid from the Fund.

Juvenile Delinquency

The New York City Youth Board has reported some tentative observations of the first 4 years of its 8-year study to test the validity of the Glueck "social factors" scale for discovering early proneness to juvenile delinquency ("Delinquency Prediction—A Progress Report").

The project began in the school year 1952-53, when the Youth Board studied the family life of more than 200 young boys, including every boy that entered the first grade in two public schools in a high-delinquency area of the city. Information on the parents' treatment of the boy and on the cohesiveness of the family was collected through home visits, reports from social agencies, and clearance with the social-service exchange. On the basis of this information Youth Board workers, using the social-factors scale presented by Sheldon and Eleanor Glueck in their book, "Unraveling Juvenile Delinquency," judged each child's probability of eventually becoming delinquent and assigned each a percentage representing that probability. About one-third were rated as having more than a 50-50 chance of becoming persistent delinquents.

At the time of the original rating boys for whom the chances of becoming delinquent were predicted to be at least 50 percent were referred to a child-guidance clinic.

At the end of the 1955-56 school year the Youth Board examined the status of each boy's behavior on the basis of school and social-agency data and court or police records through 1956. At the same time Youth Board workers compared each boy's behavior with his early rating on probability of becoming delinquent. As they expected with children so young—in the fourth school grade—few could be classified as persistent delinquents.

Of the 109 boys rated as having the least probability of later delinquency, 74 (68 percent) were in the group characterized 4 years later as "normal." Of the 66 rated 4 years earlier as having more than 50 percent probability of delinquency, 24 (36 percent) fell in a group classified as showing either "delinquent traits," "antisocial behavior," "mental illness," "unofficial delinquency," or "official delinquency," with 8 in one or the other of the last two classes.

Copies of the report are available from the Youth Board, 79 Madison Avenue, New York, N. Y., at \$1.

Three-quarters of the children in public institutions for delinquents in 1956 were boys, according to information received by the Children's Bureau from 139 such institutions. The median age was close to 16 for boys as well as girls.

One-half of the institutions had capacities of over 150 children; 4 out of 10, over 200. (According to standards established by the Children's Bureau and the National Association of Training Schools and Juvenile Agencies, the capacity of training schools should be limited to 150.) About 3 out of 10 institutions were housing more children than their rated capacity.

The average length of the stay in the 139 institutions was 11 months for boys, 14 months for girls. Nearly one-sixth of the children admitted during 1956 were returned to the institution because they had violated parole or committed a new offense.

These findings are based on data compiled by the Children's Bureau in 1957, about which a full report will be published soon.

The number of local probation officers in the United States serving only juveniles increased by nearly one-fourth between 1952 and 1957, and the number serving both juveniles and adults rose by nearly two-thirds, according to the thirteenth edition of the Probation and Parole Directory, published by the National Probation and Parole Association (1957).

Work Project

In Newark, N. J., plans are now under way for the second year of a day work camp for teen-age boys of a depressed

neighborhood, a joint project of the Fuld Neighborhood House and the Essex County Park Commission.

The project was initiated last summer in an effort to promote self-esteem among a group of boys who besides being insecure in their home environments seemed to have a general feeling of being unwanted and unappreciated. The Essex County Park Commission provided the location, work assignments, a foreman, tools, and wages, while the Fuld House selected the participants and provided educational supervision and transportation.

The 15 participants—all Negro boys between the ages of 15½ and 18—were paid \$1 an hour and worked for a 7-hour day, with an hour off for lunch, for a period of 6 weeks, clearing and reconstructing trails and digging rain ditches in a county park. They took their own lunches and paid 50 cents a day for carfare. Two boys dropped out after two weeks but were quickly replaced.

An account of the last summer's experiment, combined in a report of the agency's 1957 summer-camp program, indicates that the few crises which occurred, stemming from the boys' inexperience and insecurity, were surmounted by the skilled group leadership provided by the agency and by the good nature of the boys themselves.

A report of one of the agency's group leaders recommends that a future experiment be interracial and offer the boys the same hourly wage rate but fewer hours of work, thus making the project a combination of work and play. Some of the boys in this their first job could not keep up such hard work for 7 hours, he explained, and he suggested that paying them in full for less than full time "does not build up healthy attitudes for future jobs."

Child Welfare

A new juvenile code was adopted in the 1957 session of the Kansas legislature, the first major change since 1905. In general the legal procedures have been formalized. Children and parents have been given greater protection in such matters as notice of court hearings, provision for guardian *ad litem*, and appeal.

In an attempt to individualize treatment and relate the disposition in children's cases to the reason they were brought before the court, the law provides for the following classification:

A MATERNAL AND CHILD-HEALTH TEAM IN IRAQ



Now completely composed of Iraqi personnel, the staff of the maternal and child-health center in Samawa, reported on in *CHILDREN* 3 years ago by Dr. Elizabeth Peabody Trevett (March-April 1955, page 56) has extended its services to two other Iraqi towns, Khidr and Rumaitha. Here members of the team await the debarking of sheep from a ferry that will carry the team on the way to Khidr to conduct a prenatal clinic. Last summer after a period in which Dr. Marie Lehner, succeeding Dr. Trevett, helped the expanding Iraqi staff to assume full responsibility for the center, the last members of the American staff were withdrawn.

truants, traffic offenders, wayward children, miscreants, delinquents. Disposition by the court is limited according to the classification for which the child qualifies by reason of the behavior bringing him to the attention of the court. Only in the cases of delinquent and miscreant children can the court commit children to training schools.

In Missouri the foster-care section of the Missouri Council for Children and Youth is currently carrying out three study projects. Their purposes are to determine: (1) The need for day-care services for children of working mothers in St. Joseph County, an industrial-rural county of approximately 200,000 persons; (2) the characteristics of, availability of adoptive homes for, and results of adoptive placements of children with special needs in adoption; (3) the characteristics of children discharged from care during 2 months of 1957 by 39 foster-family care and group-care agencies.

In the same State the Division of Welfare has recently completed the fact gathering in a study of 1,001 children in foster-family care under its auspices. Purpose of the study is to learn the characteristics of these children in re-

lation to age; legal status; physical, mental and emotional state; length of time in foster care; availability for adoption; and the characteristics of their parents in relation to physical and emotional availability for casework, relationship to the child and the reverse, and the development of status toward parenthood.

In an attempt to determine conditions affecting decisions about children who have need of foster care, the Child Welfare League of America, with a grant from the Field Foundation, has begun a study of such children in 9 counties in various regions of the country. With the cooperation of the local foster-care agencies and councils of social agencies, and the appropriate State departments of welfare, two League field teams, each consisting of a social worker and a sociologist, are studying the characteristics of children in foster care, of their own families, of their foster families, of the communities, and of the policies and practices of the social agencies responsible for them. The children's characteristics will be compared with those of children whom the same agencies have placed for adoption and of children they have returned from foster care to

parents or relatives. A local advisory committee will be established in each community to work with research staff and participating agencies.

The report of the study is expected to be completed early in 1959.

Migrants

Crop-following families have health and welfare problems similar in both quality and quantity to those of persons in comparable nonmigrant groups but their attitudes toward them are often different, according to a report of a 12-month study of the day-by-day problems of 202 Negro families in the Florida to New York agricultural migrant stream.

These attitudes, such as an acceptance of sickness or unemployment as a part of life, the report notes as among the important barriers to their receiving needed services. Others are: the unevenness of availability of services among the States through which they travel, thus preventing the establishment of a pattern of expectancy; ignorance of what services are available; lack of understanding of the migrants' cultural and social conditions among persons who have services to offer, resulting in failures in communicative efforts; a lack of integration in services, both locally and on an interstate basis, which prevents the migrant from receiving the kinds of services requiring over-all planning or long-term treatment.

The report suggests two "points of entry" in getting the migrants to accept services—day care of children, which is popular where available, and work with crew leaders toward their greater understanding of the migrants' problems.

The study, which the Bureau of Maternal and Child Health of Florida's State Board of Health carried out with the help of a grant from the Federal Children's Bureau, was planned as a step toward helping health and welfare agencies understand migrants' needs better and thus meet them more adequately.

After a 2-month gathering period spent in Florida, during which a U. S. Public Health Service physician assessed the physical condition of many of the migrants, the group started north in May with its crew leader, accompanied by a research investigator. After traveling through eight States, and

stopping for various lengths of time to work on such crops as tomatoes, beans, potatoes, peaches, and apples, with the longest stops in Virginia and New York, the group returned to Florida in November.

During a stop in Virginia the investigator was joined by a Negro "participant-observer," who worked as a member of the labor crew and collected information on the problems of the group.

The report, "They Follow the Sun," by the project director, Earl Lomon Koos, was published by the Bureau of Maternal Health, Florida State Board of Health, Jacksonville, 1957.

ADC

In an analysis of families receiving aid-to-dependent-children payments, the Bureau of Public Assistance has found that in 1955 more than 50 percent of them were families in which the father was divorced or separated from the mother, had deserted her, or had never been married to her. Seven years earlier the percentage of families with estranged fathers was 46, and 6 years before that it was only 36.

Although some of the increasing proportion in the ADC program of families with estranged fathers is due to support of orphans through the old-age and survivors insurance program, most of it, the Bureau reports, is due to a rising trend among the population as a whole in family breakups other than by death, with resulting low income in the broken families.

In regard to the possibilities of the mothers' being able to support the children by themselves, the Bureau cites census figures showing that in 1954 nearly one-fourth of all female heads of families had no personal income and the median income of families headed by a woman was only about half that of families headed by a man; and that the economic condition of families with a female head showed no improvement between 1948 and 1954—years when the income of families headed by a male improved substantially.

In the summer of 1955 a total of 323,600 families received payments under the program for aid to dependent children because of estrangement of the father. The total included 185,500 families, with 527,400 children, in which the father was currently or previously married to the mother of the children,

and 138,100 families, with 308,800 children, in which the father never was married to the mother.

In more than 1 out of every 7 cases, the absent father contributed to the support of his family in the study month. A smaller proportion of the fathers who were never married to the children's mother contributed (1 in 10) than of those who were otherwise estranged (slightly less than 1 in 5).

Forty-two of the 53 jurisdictions with aid-to-dependent-children programs have added first cousins, nephews, and nieces to the specified relatives with whom a child receiving aid may live. The additions came after a 1956 amendment to the Social Security Act lengthened the list of relatives with whom children may live and receive assistance with Federal financial participation. Previously such relatives were limited to parents; grandparents; brothers and sisters; stepparents, stepbrothers, and stepsisters; and uncles and aunts.

Vital Statistics

According to information from the National Office of Vital Statistics:

Preliminary estimates of the number of babies born in the United States during 1957 indicate that a new high has been reached for the seventh straight year. The 1957 total is expected to be about 4,318,000, or 98,000 ahead of the 1956 record. The 1957 total is a projection from the number of babies estimated to have been born in the first 9 months of the year.

Recent yearly increases in births are believed to be the result not only of an increase in the number of marriages but of a trend toward larger families. The number of families with three or more children has been rising for several years. In 1955, the most recent year for which final figures are available, the number of third children born rose to 800,000, an increase of 1.9 percent over the 1954 figure, and the number of fourth children and above increased by 6.9 percent—to 1,100,000. Marriages during 1956 totaled about 1,585,000, an increase of 3.5 percent over the number in 1955.

The expected 1957 record in births will represent a birth rate of 25.3 for each 1,000 persons in the population, compared with a rate of 25.2 for 1956.

Nearly 4 percent more children were born out of wedlock in the United States in 1955 than in 1954, according to estimated figures for both years. The rate of such births per 1,000 unmarried females 15-44 years of age in the population rose from 18.3 in 1954 to 19.3 in 1955. The ratio of births out of wedlock to 1,000 live births increased from 44.0 in 1954 to 45.8 in 1955.

As in previous years the largest group of mothers who gave birth to these children were 15-19 years of age (68,900); the second largest group 20-24 years (55,700).

Miscellany

The first of a new series of pamphlets on human relations, called the One Nation Library Series, was recently issued by the Anti-Defamation League of B'nai B'rith in cooperation with the Joseph Kaplan Project in Intergroup Education. Designed primarily for senior high school students and young

adults, each of the series is accompanied by a teachers' guide. The first pamphlet, entitled "Prejudice; how do people get that way?" is written by William Van Til, professor of education and chairman of New York University's department of secondary education. Copies available at 25 cents from the League, 515 Madison Avenue, New York 22, N. Y.

Forthcoming pamphlets will include discussions of: the place of Jews in the United States, by historian Oscar Handlin; stereotypes, by psychologist Otto Klineberg; and the international implications of minority-group tensions by novelist James Michener.

Why some clients continue with family-service agencies and others drop out is the subject of a study co-sponsored by the Research Center of the University of Chicago's School of Social Service Administration and the Family Service Association of America.

The study is planned to confirm the findings of an earlier one carried out by the same two groups.

Child-development and family relationship groups, meeting as part of the U. S. Department of Agriculture's Federal Extension Service program, carried on in cooperation with State and county services, now enroll 1,700,000 persons, including fathers as well as mothers.

Noting that mental illness occurs in childhood as well as at all other ages, the National Association for Mental Health reports that in this country about 2,500 children are now in 40 residential treatment centers for children with serious emotional disturbances and that about 4,000 children and young people are admitted to State hospitals each year. The association also estimates that at least 200,000 children and adolescents will attend mental-health clinics this year.

INTERNATIONAL PUBLICATIONS

ANNUAL EPIDEMIOLOGICAL AND VITAL STATISTICS, 1954. World Health Organization, Palais des Nations, Geneva, 1957. 617 pp. For sale by Columbia University Press, New York. \$10.

Among the data in this volume are statistics for 20 countries on deaths from complications of pregnancy, child-birth, and the puerperium; and deaths in children from infective and parasitic diseases, malignant neoplasms, chronic rheumatic heart disease, and motor-vehicle and other accidents.

Causes of death in children under 5 years are presented for 32 countries by sex and by detailed age groups: 1 day; 1-6 days; 7-27 days; 2 months; 3-5 months; 6-11 months; 1, 2, 3, and 4 years. Statistics relating to causes of death in the general population are given by sex and age for 42 countries (as against 35 in the previous volume).

Figures are included on health personnel—physicians, dentists, midwives, nurses, pharmacists, and veterinarians; on hospitals and other hospital estab-

lishments; and on vaccinations against 11 diseases.

The six previous volumes of this series covered the periods 1939-46 and 1947-49 and the separate years 1950, 1951, 1952, and 1953.

JUVENILE EPILEPSY; report of a study group. World Health Organization Technical Report Series No. 130. Palais des Nations, Geneva, 1957. 44 pp. Columbia University Press, New York. 30 cents.

Viewing the problem of epilepsy in children from many aspects—physiological, pediatric, psychiatric, genetic, and social—this report includes a review of current clinical and laboratory research and sets forth a plan for medical and social treatment of epileptic children, including public-health and educational measures; and family counseling, including genetic advice.

Public-health measures recommended by the group include: Study of incidence and prevalence of epilepsy, nationally and internationally; continuing care of the individual patient; educa-

tion of medical personnel, with special attention to the medical student; family-guidance services; education of the public in an intelligent attitude toward epilepsy; and research into prevention and treatment methods.

INDUSTRIALIZATION AND SOCIAL WORK; proceedings of the Eighth Assembly of the International Conference of Social Work. Carl Heymanns, publisher, Cologne and Berlin, Germany. 1957. 922 pp. \$5.25.

Recognizing that industrialism, though desirable as a means of improving people's economic life, is often accompanied by various pressures and dislocations, the representatives of 55 countries who made up the international conference reported in this book met to exchange views on what social work can do toward helping people adjust to life in an industrial society.

The conference members divided into 20 groups to discuss industrialization in relation to such topics as: Juvenile delinquency, employment of mothers, vocational guidance of youth, nutrition, housing, family allowances, mental health, and leisure problems of working youth.

The book reports the proceedings in English, French, and German.

BOOK NOTES

PSYCHIATRIC INPATIENT TREATMENT OF CHILDREN; report of the conference on inpatient psychiatric treatment for children, held at Washington, D. C., October 17-21, 1956, under the auspices of the American Psychiatric Association and the American Academy of Child Psychiatry. American Psychiatric Association, Washington. 1957. 1954 pp. \$3.50.

After presenting a brief history of the development of psychiatric services for emotionally disturbed children in residence in medical institutions, this book discusses the relation between the children's psychiatric hospital and the community; the planning and financing of such a hospital; its administration and personnel; the treatment program; and research needed for its successful operation.

Among the needs of children's psychiatric hospitals the book cites: establishment of a comprehensive legal code concerning children's admission to psychiatric hospitals and treatment there so as to provide legal protection for the child and a clear medical designation of guardianship responsibility; provision of an adequate budget for medical care of children under psychiatric treatment; improvement of diagnostic classifications in child psychiatry; and epidemiological studies of the need for the type of services discussed in the book.

THE CASEWORK RELATIONSHIP. Felix P. Biestek. Loyola University Press, Chicago. 1957. 149 pp. \$2.40.

Defining the casework relationship as the dynamic interaction of attitudes and emotions between the caseworker and the client, the author, a member of the faculty of Loyola University School of Social Work, discusses seven principles of this relationship. These are: individualization, purposeful expression of feelings, controlled emotional involvement, acceptance, the non-judgmental attitude, client self-determination, and confidentiality. Each of these principles, the author says, is

founded on one of the basic needs of the client, which he lists as: to be treated as an individual; to express his feelings; to be accepted as a person of worth; to have his feelings understood sympathetically; not to be judged; to make his own decisions; to have the information disclosed in interviews kept confidential.

In the casework relationship, according to the author, the social worker is expected to be both a realist and an idealist. As a realist, he is expected to see, understand, and help with the hard, sometimes ugly and repulsive, realities in his clients' lives; as an idealist, to recognize in a practical way the dignity and nobility of people, even if they have lost respect for themselves.

THE PSYCHOANALYTIC STUDY OF THE CHILD, vol. 12. Edited by Ruth S. Eissler and others. International Universities Press, New York. 417 pp. \$8.50.

Four groups of papers are included in this volume, under the headings, Contributions to Psychoanalytic Theory, Aspects of Early Development, Clinical Contributions, and Applied Psychoanalysis.

THE COMPLEAT PEDIATRICIAN; practical, diagnostic, therapeutic, and preventive pediatrics. Wilbert C. Davison and Jeana Davison Levinthal. Seventh edition, completely rewritten. Duke University Press, Durham, N. C. 1957. 257 sections (no pagination). \$4.25.

First published in 1919, this book was originally written as "a notebook of easily forgotten facts and methods," and still is intended to serve as a "ready reminder," to jog the pediatrician's memory, "though it cannot do his thinking for him." The present edition states that preventive pediatrics has made more progress in the past 50 years than in the preceding 50,000. In addition to chapters on specific types of diseases and their management, it includes chapters on: growth, development, and general care of children;

prematurity; and the reduction of mortality.

BAFFLING EYES OF YOUTH. John K. Donohue. Association Press, New York, 1957. 251 pp. \$3.50.

This is the story of a probation officer and a gang of boys who grew up together between 1928 and 1940 in St. Paul, Minn. The basic material comes from a diary the author kept in connection with his work. Only the names of the boys and their families are fictitious. While recognizing that the times and conditions under which the boys grew up were different from those encountered by young people today, the author presents his experiences for their possible helpfulness today.

Although the judge had ordered the boys not to associate with each other, the author realized that it was important to keep them together, providing them with group activities such as sports of the team variety to divert them from antisocial pursuits. It took several years before the lessons in co-operation and in socially acceptable behavior had any appreciable effect, and more time including considerable back-sliding until the majority of the boys had developed the habits of good citizens.

The probation officer had assistance from the general secretary of the YMCA, who organized the boys into the "Squad Car Gang," one of the first Y-Gangs; the parish priest; elementary and high-school principals; the truant officer; police officers; individuals residing in the area; a juvenile-court judge; and a variety of solid citizens.

THE ELDEST CHILD. Edith G. Neisser. Harper & Bros., New York. 1957. 174 pp. \$3.50.

This book, addressed to parents, analyzes a number of problems facing the oldest child in a family, such as his feelings when a second child is born and the responsibilities put on him for taking care of the younger children. The book also points out difficulties that occur when the eldest is an adopted child and subsequent children are born to the parents; when he is a stepchild; when death or divorce takes a parent out of the home and the eldest tries to take the place of the lost father or mother; also when the second child becomes the pseudo-eldest after the eldest dies.

GUIDES AND REPORTS

YOUTH AND CRIME: Proceedings of the Law Enforcement Institute held at New York University. Edited by Frank J. Cohen. International Universities Press. 1957. 273 pp. \$6.

The law-enforcement institute held in New York City in 1955, whose proceedings are reported in this book, was the first of three regional institutes planned by New York State authorities in cooperation with New York University to offer training to law-enforcement officers in dealing with juvenile delinquency. It includes papers from more than 20 specialists in various fields such as sociology; courts, including probation; psychiatry; corrections; criminology; police; public administration; and social work.

REPORT OF NATIONAL AGENCIES ON CHILD PROTECTIVE SERVICES: a statement on protective services for children. The American Humane Association, Children's Division, 896 Pennsylvania Street, Denver 3, Colo. 1957. 15 cents. Quantity discounts.

Reports highlights of seven workshop sessions participated in by representatives of the Child Welfare League of America, National Council of Juvenile Court Judges, National Probation and Parole Association, United Community Funds and Councils of America, U. S. Children's Bureau, and Children's Division of American Humane Association.

BLINDNESS IN CHILDREN. Miriam Norris, Patricia J. Spaulding, and Fern H. Brodie. Preface by Ward C. Halstead. University of Chicago Press, Chicago, Ill. 1957. 173 pp. \$3.

The full report of a study of the development of blind preschool children made under the auspices of the University of Chicago clinics and reported on briefly by Miss Norris in the July-August 1956 issue of CHILDREN. It concludes that the adaptability of the blind child depends more on whether

he has favorable opportunities for learning than on his degree of blindness, his intelligence, or the socio-economic or educational background of his parents.

DISCIPLINE. Association for Childhood Education International, 1200 15th Street NW, Washington 5, D. C. Bulletin 99. 36 pp. 75 cents.

A symposium on ways of achieving "self-discipline" in children. Addressed to parents and teachers.

YOUNG FOLKS IN HOMES; leisure-time activities in child-caring institutions. New York State Department of Social Welfare, 112 State Street, Albany, N. Y. 1957. 94 pp. Available on request from the New York department.

A guide to play activities for children at different age levels with reference to the special problems and opportunities inherent in an institutional setting. It discusses indoor and outdoor facilities, various types of activities, and leadership.

SOCIAL SERVICES FOR UNMARRIED PARENTS. Canadian Welfare Council, 55 Parkdale Avenue, Ottawa 3, Canada. 1957. 29 pp. 50 cents.

Discusses services needed by the unmarried mother and the putative father, and refers briefly to psychological factors that lead to unmarried parenthood.

PERSONALITY FACTORS IN MOTHERS OF EXCESSIVELY CRYING (COLICKY) INFANTS. Martin Lakin. Monographs of the Society for Research in Child Development, Vol. 22, Serial No. 64, No. 1. Child Development Publications, Purdue University, Lafayette, Ind. 1957. 48 pp. \$1.75.

Compares mothers of 20 colicky infants with an equal number of mothers of normal, well-adjusted infants, as selected by pediatricians, and finds that

infantile colic may be associated at least in part with tensions in the mother due to such personality factors in the mother as competitiveness with her own mother, mixed feelings about her role as wife and mother, inadequate marital adjustment, and uncertainty in carrying out mothering activities.

THE EXCEPTIONAL CHILD AND HIS PARENTS: a summer workshop, 1957. Arizona State College, Tempe, Ariz. 108 pp. \$3.50 plus 25 cents for mailing.

Presents material used at a workshop for elementary- and high-school teachers on various types of exceptional children—the mentally retarded; the orthopedically handicapped; the epileptic; the child with reading disabilities; the child with problems of sight, hearing, or speech; the emotionally maladjusted; and the child from another culture; as well as the gifted child.

CAMPING GUIDE FOR THE PLACEMENT OF HANDICAPPED CHILDREN IN REGULAR CAMPS. Community Council of Greater New York, 44 East 23d Street, New York 10, N. Y. 1957. 33 pp. \$1.

Describes camp programs, physical facilities, standards for staff, referral procedures, content, fees, and intake policies, as well as material on the values of integrated camping for both the handicapped and the nonhandicapped. Includes also descriptive material on various handicapping conditions in relation to camping.

PROCEEDINGS OF CONFERENCE ON RECREATION FOR CHILDREN WITH HANDICAPS. Baltimore Council of Social Agencies. 1957. 15 pp. Free on request from the Council.

Includes summaries of six workshops on the recreational needs and opportunities for handicapped children with recommendations for: a public-education program in this regard, with emphasis on the schools; coordination of agency efforts including the training of staff to work toward the participation of handicapped children in recreation programs; employment by the public recreation department of a specialist in work with the handicapped.

IN THE JOURNALS

Speech Defects

Children do not outgrow speech defects; on the contrary such defects become more set in the child's habitual speech pattern, says Irwin Lehrhoff in the January 1958 issue of the *Journal of Pediatrics*. ("Speech Problems in Children.") The pediatrician must use his judgment in referring children with speech difficulties for special help, the author says, but in general a child should get this help long before he goes to school, where deviant speech brings ridicule and teasing and leads to emotional problems that could have been avoided.

Before a child is referred to a speech therapist, he may need to be examined by a medical specialist such as an otolaryngologist, the author says, but he also points out that some children can be helped at an early age without special treatment if the pediatrician shows the parents how to provide a better speech environment. Furthermore, he adds, "Most speech disorders could probably be prevented if children did not have to learn the most difficult of all human coordinations with little help and much interference."

Parents and School

Parents who have a child in a class for the severely retarded should recognize that the school is not attempting to make him normal but is helping him to grow up within his own limitations, says I. Ignacy Goldberg, in *Children Limited* for December 1957. ("Report on Trainables.")

After a year spent in 27 States, visiting schools for the severely retarded and participating in conferences, workshops, college courses, and parent meetings, in which more than 10,000 persons took part, the author reports his belief that the mentally retarded can be helped in school but that parents need to work more closely with the teacher. Helping the severely retarded child is a 24-hour-a-day job, 365 days a year, says the author. For doing this job, he

adds, we need not only trained teachers but trained parents, and he urges parents to seek counseling for themselves so that they can better help their child.

Pointing out that the teacher of the severely retarded child is helping to increase his attention span, to improve his communication skills, and to develop his sensory abilities, the author urges parents to refrain from insisting that their child be given more academic work.

Adoption Controversy

Should a social agency accept for adoptive placement the child of married parents? A casework supervisor discusses this question in *Child Welfare* for January 1958. ("Today's Controversial Clients: Married Parents Who Place Legitimate Children for Adoption" by H. Gordon MacKay.)

The author quotes figures showing that in 1953 one-eighth of the children adopted were born in wedlock and before adoption had both parents living together.

Summarizing information received last year from a number of adoption agencies, the author states that some agencies reported that they would not accept such children and told of "violent community reaction" to agencies that accepted them; some others had not set a policy, but seemed to be seeking a conscientious way of handling the problem. The most usual pattern among the agencies when a married couple requested adoptive placement for their child was to refer the parents to a family counseling agency, a policy with which the author does not agree. Instead, he says, the adoption agency caseworker should be prepared to offer them professional service.

Years ago, the author recalls, communities and agencies faced the same kind of controversy concerning placement of children born out of wedlock that they face today with regard to children of married parents. He maintains that since the request for adoptive placement for their child on the part

of a married couple is an indication of emotional instability in a family it is therefore a sign that both parents and child need the agency's help "which may or may not lead to ultimate adoptive placement of the child." In instances where it does lead to adoption, he says, if the parents can be helped to feel they are giving their child a chance rather than a sense of rejection, the child may later have a sense of having been the subject of concerned planning rather than having been "thrown away" or "left on a doorstep."

For the Mentally Retarded

The year 1958 promises to continue the 1957 advances in education for mentally retarded and other exceptional children, says Romaine P. Mackie in *School Life* for January 1958. ("Exceptional Years for Exceptional Children.")

The author, who is chief of the Office of Education's section on services for exceptional children and youth, reports that in 1957 major progress was made toward extending school programs to more children in exceptional groups, acquiring more knowledge about such children, and obtaining more and better-qualified personnel to teach them and to lead in preparing teachers for them.

Among the advances made in 1957, cited in the article, were mounting school enrollments in special education, studies of the problem of educating the rural handicapped child, multi-State activities to improve special education, and renewed efforts to coordinate the work of national organizations concerned with various types of exceptional children.

The author notes that 46 studies of the education of the mentally retarded, financed by grants from the Office of Education from funds earmarked by Congress for this purpose, are now being carried on by State education agencies and colleges and universities. Some of these studies are to be completed in 1958, she reports.

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READERS' EXCHANGE

GROSSER: *A place for all*

As George Grosser says in his article, the sociological point of view in institutional treatment has been neglected for too long. ("The Role of Informal Inmate Groups in Change of Values," CHILDREN, January-February 1958.) There is one point, however, that ought to be considered. Dr. Grosser is a sociologist and sees the problem from this frame of reference.

True, although we who administer training schools have accepted the philosophy of individualization and have done all we can to get sufficient staff in quantity and quality to do this job, and although no public institution has been able to achieve staff goals, we have placed too much emphasis on treating the individual alone, apart from the group. There is more need for group interaction, whether in group therapy, group activity, or task-orienting groups, on both the formal and informal levels.

We all want to change the values of boys committed to us, but how to change values and how to measure these changes present real problems. If a boy meets our expectations in behavior and also our social worker's belief that he is ready for release, do we have any assurance that his basic sense of values has changed? I don't believe we have any acceptable measuring device.

The problems presented are complex. Not all delinquency is group behavior. It is not entirely a social phenomenon. Children do act independently, just as some act through organized and unorganized groups. Some children are neurotic, some pre-psychotic, some psychopathic. Some come from repressive homes, others from homes where they have been rejected and neglected. Some boys will be overinhibited, some asocial, others, pseudosocial or gang oriented. We have found that no one skill can help any youngster. He requires the help of many skills, both lay and professional.

Psychiatry, social work, and the other professions have a place in treatment. The sociologists have a place in treatment. The lay person has a place in

treatment. The community has a place in treatment.

Dr. Grosser does not mention the involuntary groupings found within our institutions. Boys classify other boys and place them in groupings that are not willingly accepted by the boys so placed.

Much that Dr. Grosser has to say is meaningful and practical. "Task orientation" of the informal groupings is an excellent suggestion . . . but let's still retain a place for those skills supplied through our individual therapists. There is room for all to be of help.

A. Alfred Cohen

Superintendent, New York State Training School for Boys, Warwick, N. Y.

Examples needed

It is difficult to understand why, with such emphasis as presently prevails in the behavioral sciences to make constructive use of group dynamics, so little has been written as to the use of this potential in the training-school field. Dr. Grosser's article is a step forward in presenting some hypotheses in this area.

Our very social system revolves around intricate group patterns. Children identified as delinquents especially require the acceptance and security that a group provides, and as individuals they quickly assume the value system of the group of which they are a part. They will fight tenaciously against any attempt at dissolution of their informal groupings.

I could not help but feel that the five mechanisms of group control and maintenance which Dr. Grosser says are utilized by informal groups in institutions are also used to a large extent by groups of normal adolescents in normal communities. One would merely need to substitute for the term "administration," "parents," or "school authorities," or, at times, "society" itself. A recognition of these mechanisms and countless other methods of maintaining group control increases awareness of the need to help the groups to establish value systems which are socially acceptable.

In his article Dr. Grosser has barely

touched on ways of doing this in an institution containing delinquent and emotionally disturbed children.

From my own experiences and observations in the training-school field, I would say that much has already been done toward carrying out his theories. Many schools are developing task-oriented programs built around the needs of the group. The process of group rewards as well as individual rewards has long been utilized. The use of existing group leadership to foster change within the group has been a well-recognized principle.

Dr. Grosser's final suggestion that group therapy or guided group interaction be attempted, using the informal groups as a base of selection, holds great promise. This procedure has been followed experimentally during the past year at the Fricot Ranch School with a high degree of success. However, when we gave free choice to our boys as to what group-therapy unit they wished to join, in most instances their selection was made on the basis of an identification with a participating staff member rather than with membership of an existing peer group!

Hypotheses, such as those suggested by Dr. Grosser, should be and are being tested, but there is a void of material as to results.

Allen F. Breed

Superintendent, Fricot Ranch School for Boys, San Andreas, Calif.

GOLDFARB AND MANKO: *Homemakers and caseworkers*

I am impressed with the mutual respect and understanding shown by the workers of the family agency and the hospital social-service department in the article by Dora Goldfarb and Phyllis Manko. (See "Homemaker Service in a Medical Setting," CHILDREN, November-December 1957).

The case described is a good illustration of the three-way interaction involved in a complicated homemaker case. It was necessary for the caseworker to work closely with the homemaker and also with Mrs. X. before the two—homemaker and client—could respect each other and work closely together themselves.

In this case the careful and sound diagnostic assessment before a homemaker was placed in the home and throughout the contact was the secret

of success. In many cases where the mother is suffering from a chronic illness it takes a high degree of skill to recognize the point of termination for the homemaker service, since it can become confused with household help. One safeguard is to set, more or less automatically, a time limit.

I agree with the authors that the question of fees from a family with high medical expenses needs "further experience." One method which we in this agency are trying is to have a member of the family sign an agreement to make monthly payments within the family's ability for a 6 months' period following the removal of the homemaker.

All communities with homemaker services do not have highly skilled caseworkers to help emotionally ill mothers remain at home with the help of a homemaker. However, there are many persons with physical illness whose families can be helped to stay together, or in which pressures on older children can be lessened through some help with household chores and child care. We have to face up to the fact that there is an overall shortage of caseworkers. Some communities have adapted to this by operating homemaker service programs effectively with the various degrees of casework skill available.

*Frances Preston
Director, Homemaker Services
Unit, Family Service Association
of Cleveland*

TARJAN: Community Rejection

In his letter to the editor, Dr. George Tarjan seems to ascribe the failure of "every health, educational, social, or other community resource [to include] services and facilities for the retarded" to the "present shortage of qualified personnel." (Hormuth: "Trained Personnel Needed," *Readers' Exchange, CHILDREN*, November-December 1957.)

This may be one reason, but our experience has been that the major reason is the rejection of the problem by the community, reflected very frequently in our "health, educational, social, or other community resources."

Although I agree that it is imperative that specialized personnel be trained, the difficulty in obtaining such personnel is merely an excuse for not including the retarded in a service. Not only must we train specialized per-

sonnel, but we must educate all disciplines to understand the value of the retarded as an individual and his, at the very least, moral claim on the professionals and community agencies.

Dr. Tarjan suggested that it is necessary to know how many clinics are needed as a prerequisite for a program. The American Association on Mental Deficiency has said that one clinic per 150,000 population is needed. On the basis that 3 percent of the population is so mentally retarded as to need special services, I think this is a pretty good jumping-off point.

*Joseph T. Weingold
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STUDT: Goals must be correlated

The framework which Dr. Studt developed for the understanding and classification of hard-to-reach groups is a major contribution to those of us who are trying to identify and serve such groups. (See "The Nature of Hard-to-Reach Groups," *CHILDREN*, November-December 1957.)

However, my major concern about the six dimensions of group life which Dr. Studt has identified is that group workers may become so preoccupied with the classification of various groups that they may overlook the differences among individuals which exist within any one of them. I am sure that such was not Dr. Studt's intention and, in fact, her very first admonition is that "we should be clear about the kinds of individuals in the group membership" and "the motivations of the individual members for participating in the group." As we utilize Dr. Studt's tools to increase our total understanding of a particular hard-to-reach group, our concept of working with such a group may change.

Because intensive service can reach but a small segment of the gang in any case, some of us may conclude that social groupwork can be most effective if offered only to those members of the total group who have similar motivations for identifying with it. If we were to decide to provide social groupwork service to the self-identified delinquents, this smaller group could become the milieu through which these individuals could find acceptance of themselves and become involved in the slow process of change.

I cannot accept the hypothesis that the group may not be an effective tool for "reaching and influencing young persons who are strongly self-identified as delinquents." Rather than deemphasizing the value of the group in the treatment of such youth, I think group workers are called upon to consider modifications in their concepts of group life and in the use the members make of the group. As we are able to relate our goals for the group and its members to the group's own conscious and unconscious goals, we are likely to find that although these groups are difficult to serve they may not be hard to reach. This process of the correlation of goals based on our knowledge of the nature of the groups we serve may require an administrative rethinking of agency function and purpose.

*Margaret H. Mudgett
Executive Director, Neighborhood
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CORRECTION

I was naturally pleased that my article, "Analyzing a Statewide Adoption Agency's Statistics," printed in the November 1957 issue of *Child Welfare* had been considered worthy of review. (*In the Journals*, *CHILDREN*, January-February 1958.)

I feel some concern, however, over one inaccuracy on the part of the reviewer in quoting statistics which affect the statewide picture in Washington. The review says: "The author also quotes figures from the State public welfare agency showing that between 1950 and 1956 the percentage of independent adoptions by persons unrelated to the child decreased from more than half to less than one-fifth."

We could wish that the situation were this bright, but it is not. If the fourth paragraph of the original article had been correctly interpreted, the review would have stated that the percentage of independent adoptions by persons unrelated to the child decreased from 64 percent to 42 percent between 1950 and 1956. The original material stated that in 1950, 36 percent of the reported adoptions were of children who had been placed by approved social agencies; that in 1956, 58.2 percent had been so placed.

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